### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 1 of 72

| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Wayne                      |   |
| Write the name that is on   | First name                 | First name                                    |
| your government-issued<br>picture identification (for<br>example, your driver's | Middle name                | Middle name                                   |
| license or passport   | Bell<br>Last name          | Last name                                     |
| Birming   | Last Harne                 | Last Harne                                    |
| Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last<br>8 years  | First name                 | First name                                    |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social  | XXX - XX- 4451             | xxx - xx-                                     |
| Security number or federal Individual   | OR                         | OR  |
| Taxpayer<br>Identification number<br>(ITIN)                                     | 9 xx - xx-                 | 9 xx - xx-                                    |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 2 of 72

| De | ebtor 1 Wayne<br>First Name                            | Bell Middle Name Last Name  | Case number (if known)   |
|----|--|---|--|
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 7806 S Aberdeen St<br>Number Street   | Number Street  |
|    |  | Chicago Illinois 60620 City State Zip Code  | City State Zip Code  |
|    |  | Cook<br>County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | 7, 0, 1   |  |
| 6  | Why you are  | City State Zip Code   | City State Zip Code  |
| 0. | choosing this district<br>to file for bankruptcy       | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408  | 8.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 3 of 72

| De  | ebtor 1 Wayne   |   | Bell  |   | Case number (if kno   | own)  |  |
|-----|---|---|---|---|---|---|--|
|     | First Name  | Middle Name   |   |   |   |   |  |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankrupto   | cy Case   |   |   |   |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | orief description of each, see<br>B2010)). Also, go to the top of   |   |   |   | ndividuals Filing for  |
| 8.  | How you will pay the fee  | more details at cashier's check may pay with a line of to pay the line of the | entire fee when I file my poout how you may pay. Typk, or money order If your a credit card or check with the fee in installments. If pay Your Filing Fee in Institute is not required to, waive your tyline that applies to yo is option, you must fill out ad file it with your petition. | pically, if you attorney is a pre-printer you choose the stallments (On any request your fee, and ur family sithe Application attorney is attorney in the Application attorney is attorney in the Application attorney is attorney in the Application attorney in the Application attorney is attorney in the Application attorney in the Application attorney is attorney in the Application attorney in the Application attorney is attorney in the Application attorney in the Application attorney is attorney in the attorney in the attorney in the attorney is attorney in the attorney in the attorney in the attorney is attorney in the attorney in the attorney in the attorney is attorney in the | ou are paying the<br>submitting you<br>ad address.<br>This option, sig<br>official Form 103<br>this option only<br>d may do so only<br>ze and you are u | e fee yourself, r payment on y and attach to A).  If you are filingly if your incorunable to pay to | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District  District  District  | Northern District of Illinois  Northern District of Illinois  | When<br>When<br>When  | 4/9/2009<br>MM / DD / YYYY<br>MM / DD / YYYY  | Case number _ Case number _ Case number _   | 09-12626<br>16-24818   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District  |   | When<br>When  | MM / DD / YYYY  | Relationship to Case number, i Relationship to Case number, i                                       | you  |
| 11. | Do you rent your residence?   | ✓ No. (   | 12. landlord obtained an eviction Go to line 12. Fill out <i>Initial Statement About</i> this bankruptcy petition.  |   |   |   |  |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 4 of 72

Bell Debtor 1 Wayne \_\_ Case number (if known) Middle Name First Name Last Name Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 5 of 72

 Debtor 1 First Name
 Wayne
 Bell Last Name
 Case number (if known)

| Pa  | rt 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling   |                       |  |   |
|-----|---|---|--|-----------------------|--|---|
|     |   | About Debtor 1:   |  | About                 | Debtor 2 (Sp   | oouse Only in a Joint Case):  |
| 15. | Tell the court  | You must check one:   |  | You m                 | ust check one:   |   |
|     | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>optcy petition, and I received a<br>npletion.  |
|     | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.  |                       |  | he certificate and the payment plan, veloped with the agency.   |
|     | about credit counseling before you file for bankruptcy. You must truthfully                               | counseling agen   | ing from an approved credit<br>acy within the 180 days before I<br>ptcy petition, but I do not have a<br>appletion.  | co                    | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.  |
|     | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | er you file this bankruptcy petition, opy of the certificate and payment   | you                   |  | er you file this bankruptcy petition, opy of the certificate and payment  |
|     | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | ked for credit counseling services and agency, but was unable to vices during the 7 days after I and exigent circumstances emporary waiver of the                                | fro<br>ob<br>ma<br>me | m an approve<br>tain those se<br>ade my reques                             | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                  |
|     | creditors can begin<br>collection activities<br>again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this     | rec<br>effo<br>una    | quirement, attao<br>orts you made<br>able to obtain it<br>at exigent circu | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    |
|     |   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   | wit                   |  | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.  |
|     |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | rec<br>mu<br>wit      | ceive a briefing<br>st file a certifica<br>h a copy of the                 | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. |
|     |   | •   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.   |                       | ,  | he 30-day deadline is granted only<br>mited to a maximum of 15 days.  |
|     |   | I am not required counseling beca                                 | d to receive a briefing about credit use of:   |                       | m not require<br>unseling beca   | d to receive a briefing about credit ause of:   |
|     |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |                       | Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |
|     |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |                       | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |
|     |   | Active duty.  | I am currently on active military duty in a military combat zone.  |                       | Active duty.   | I am currently on active military duty in a military combat zone.   |
|     |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for punseling with the court.  | ab                    | out credit cour  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 6 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Wayne Bell Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 2/1/2017 Executed on MM / DD / YYYY MM / DD / YYYY

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 7 of 72

| Debtor 1 Wayne                                   |                            | Bell                    | Case number (if k           | nown)  |
|--|----------------------------|-------------------------|-----------------------------|--|
| First Name                                       | Middle Name                | Last Name               |                             |  |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12   | , or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>so certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 3   | 342(b) and, in a case in w  | hich § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte     | r an inquiry that the i | nformation in the schedu    | ules filed with the petition is incorrect.   |
| attorney, you do not                             | •                          | , ,                     |                             | •  |
| need to file this page.                          | /s/ Ayah Abdelhadi         |                         | Date                        | 2/1/2017   |
|  | Signature of Attorney f    | or Debtor               | MI                          | M / DD / YYYY  |
|  |                            |                         |                             |  |
|  |                            |                         |                             |  |
|  | Ayah Abdelhadi             |                         |                             |  |
|  | Printed name               |                         |                             |  |
|  | 0                          |                         |                             |  |
|  | Semrad Law Firm Firm name  |                         |                             |  |
|  |                            |                         |                             |  |
|  | 11101 S. Western Ave       | enue                    |                             |  |
|  | Street                     |                         |                             |  |
|  |                            |                         |                             |  |
|  |                            |                         |                             |  |
|  | Chicago                    |                         | Illinois                    | 60643  |
|  | City                       |                         | State                       | Zip Code   |
|  | Onntant about              | 0400000404              |                             |  |
|  | Contact phone              | 3123866421              | Email address               | aabdelhadi@semradlaw.com   |
|  |                            |                         |                             |  |
|  | D                          |                         | Illinois                    |  |
|  | Bar number                 |                         | State                       |  |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 8 of 72

| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Wayne                     |             | Bell                 |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

| Check if this is an |  |
|---------------------|--|
| amended filing      |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |  |
|--|--|
|  | Your assets Value of what you own              |
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   |  |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$26,874.50                                    |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$26,874.50                                    |
| Part 2: Summarize Your Liabilities   |  |
|  | <b>Your liabilities</b><br>Amount you owe      |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$27,792.00                                    |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   |  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$7,033.00                                     |
| Your total liabilities   | \$34,825.00                                    |
| Part 3: Summarize Your Income and Expenses   |  |
| . Schedule I: Your Income (Official Form 106I)   | \$1,678.00                                     |
| Copy your combined monthly income from line 12 of Schedule I   | φ1,070.00<br>————————————————————————————————— |
|  |  |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 9 of 72

Debtor 1 Wayne Bell \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$210.00 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 10 of 72

| Fill in this                           | inform                    | nation to identify your ca   | ase:   |                      |  |                                    |   |   |
|--|---------------------------|--|--|----------------------|--|------------------------------------|---|---|
| Debtor 1                               |                           |  |  |                      | Bell   |                                    |   |   |
| Deptor i                               |                           | Wayne<br>First Name  | Middle N   | lame                 | Last Name  |                                    |   |   |
| Debtor 2                               |                           |  |  |                      |  |                                    |   |   |
| (Spouse, if fi                         | ling)                     | First Name   | Middle N   | lame                 | Last Name  |                                    |   |   |
| United Sta                             | ates Ba                   | ankruptcy Court for the:   | Northern   |                      | District of Illinois (State)                             |                                    |   |   |
| Case num<br>(If known)                 | ber                       |  |  |                      |  | <del></del>                        |   |   |
| Officia                                | al Fo                     | orm 106A/B   |  |                      |  |                                    |   | Check if this is an amended filing                          |
| Sche                                   | dule                      | A/B: Prope   | rty  |                      |  |                                    |   | 12/1  |
| category v<br>responsibl<br>write your | where<br>le for s<br>name | you think it fits best. E<br>supplying correct inform<br>and case number (if k | se as complete a<br>mation. If more s<br>nown). Answer e | nd a<br>pace<br>very | •  | arried people a<br>e sheet to this | are filing together, both a form. On the top of any a | are equally   |
| Part 1:                                | Desc                      | ribe Each Residenc   | e, Building, La  | nd, c                | r Other Real Estate You                                  | Own or Have                        | an Interest In  |   |
|  |                           |  | uitable interest   | in an                | y residence, building, land, o                           | r similar prope                    | erty?   |   |
| ~                                      | No. G                     | io to Part 2   |  |                      |  |                                    |   |   |
|  | Yes. V                    | Where is the property?   |  |                      |  |                                    |   |   |
|  |                           |  |  | Wh                   | at is the property? Check all t                          | hat apply.                         |   | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.1                                    | Street                    | address, if available, or o  | other description  | Н                    | Single-family home                                       |                                    |   | nims Secured by Property.                                   |
|  |                           |  |  |                      | Duplex or multi-unit building Condominium or cooperative |                                    | Current value of the                                  | Current value of the  |
|  | -                         |  |  | H                    | Manufactured or mobile home                              |                                    | entire property?                                      | portion you own?  |
|  |                           |  |  | H                    | Land   |                                    |   |   |
|  | Numb                      | per Street   |  | H                    | Investment property                                      |                                    | Describe the nature of                                |   |
|  |                           |  |  | Ħ                    | Timeshare  |                                    | interest (such as fee s<br>the entireties, or a life  |   |
|  | City                      | State  | Zip Code   | Ħ                    | Other  |                                    |   |   |
|  |                           |  |  | Wh                   | o has an interest in the prop                            | erty? Check                        | Check if this is co<br>(see instructions)             | ommunity property   |
|  |                           |  |  |                      | Debtor 1 only  |                                    | Ш   |   |
|  |                           |  |  | П                    | Debtor 2 only  |                                    |   |   |
|  |                           |  |  | Ħ                    | Debtor 1 and Debtor 2 only                               |                                    |   |   |
|  |                           |  |  |                      | At least one of the debtors and                          | another                            |   |   |
|  |                           |  |  |                      | ner information you wish to a                            | dd about this i                    | tem, such as local                                    |   |
|  |                           |  |  | pro                  | perty identification number <u>:</u>                     |                                    |   |   |
| If you                                 | own o                     | r have more than one, lis  | st here:   | \A/h                 | at is the property? Check all t                          | hat apply                          | Do not doduct socured                                 | claims or exemptions. Put                                   |
| 1.2                                    |                           |  |  |                      | Single-family home                                       | пас арргу.                         | the amount of any secu                                | red claims on Schedule D:                                   |
|  | Street                    | address, if available, or o  | other description  | П                    | Duplex or multi-unit building                            |                                    | Creditors Who Have Cla                                | aims Secured by Property.                                   |
|  |                           |  |  | H                    | Condominium or cooperative                               |                                    | Current value of the entire property?                 | Current value of the portion you own?                       |
|  |                           |  |  | Ħ                    | Manufactured or mobile home                              |                                    | ——————  |   |
|  | Numb                      | per Street   |  |                      | Land   |                                    | Barrellia di cara                                     | · · · · · · · · · · · · · · · · · · ·                       |
|  | Num                       | Jei Gireet   |  |                      | Investment property                                      |                                    | Describe the nature of<br>interest (such as fee s     |   |
|  | City                      | State  | Zip Code   |                      | Timeshare<br>Other                                       |                                    | the entireties, or a life                             | e estate), if known.  |
|  | ,                         |  | ,  |                      |  |                                    | Check if this is co                                   | ommunity property   |
|  |                           |  |  |                      | o has an interest in the prop                            | erty? Check                        | (see instructions)                                    | minumety property   |
|  |                           |  |  | one                  |  |                                    |   |   |
|  |                           |  |  | 屵                    | Debtor 1 only Debtor 2 only                              |                                    |   |   |
|  |                           |  |  | H                    | Debtor 1 and Debtor 2 only                               |                                    |   |   |
|  |                           |  |  | H                    | At least one of the debtors and                          | d another                          |   |   |
|  |                           |  |  | O+1                  | ner information you wish to a                            |                                    | tem such as local                                     |   |
|  |                           |  |  |                      | perty identification number <u>:</u>                     | aa about tiiiS l                   | tom, audii da luudi                                   |   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 11 of 72

| Debtor 1                            | Wayne   |   | Bell Case nur   | nber (if known)   |   |
|-------------------------------------|---|---|---|---|---|
|                                     | First Name  | Middle Name   | Last Name   | · · · · · · · · · · · · · · · · · · ·   |   |
| 1.3<br>Stre                         | et address, if available, or o                                | [   | What is the property? Check all that apply.  Single-family home   | the amount of any secu  | claims or exemptions. Put tred claims on <i>Schedule D:</i> nims Secured by Property.               |
|                                     |   | ——— [<br>[  | Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | Current value of the entire property?   | Current value of the portion you own?   |
| Nun                                 | nber Street State   | Zip Code  | Land Investment property Timeshare  | Describe the nature o<br>interest (such as fee s<br>the entireties, or a life | simple, tenancy by  |
| Oity                                | Guile   | · [   | Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this it | (see instructions)  | ommunity property   |
| 0 444                               | 4h - dallau   |   | property identification number:   |   |   |
|                                     | ve attached for Part 1. W                                     |   | all of your entries from Part 1, including any en<br>ere.<br>▶  | tries for pages   |   |
| o you ow<br>ou own th<br>. Cars, va | hat someone else drives. If<br>ans, trucks, tractors, sport u | r <b>equitable interest</b><br>you lease a vehicle, | t in any vehicles, whether they are registered of<br>also report it on Schedule G: Executory Contracts a<br>cycles  |   |   |
| 3.1                                 |   | Jeep<br>Compass<br>2014                             | Who has an interest in the property? Checkone.  Debtor 1 only   | the amount of any seco  | claims or exemptions. Put ured claims on Schedule D: laims Secured by Property.                     |
|                                     | Approximate mileage: Other information: 2014 Jeep Compass     | 42000   | Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Current value of the entire property?<br>\$9325.00                            | Current value of the portion you own? \$4662.50   |
|                                     |   |   | Check if this is community property (se instructions)   | e   |   |
| 3.2                                 | Make<br>Model:<br>Year:                                       | Nissan<br>Altima<br>2007                            | Who has an interest in the property? Check one.  Debtor 1 only  | the amount of any seco  | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>laims <i>Secured by Property.</i> |
|                                     | Approximate mileage: Other information: 2007 Nissan Altima    | 60000   | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Current value of the entire property?<br>\$5137.00                            | Current value of the portion you own? \$5137.00   |
|                                     |   |   | Check if this is community property (se instructions)   | е   |   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 12 of 72

| t Name<br>ake<br>odel:  | Middle Name   | Last Name  |  |  |  |
|---|---|--|--|--|--|
| odel:   |   |  |  |  |  |
|   |   | Who has an interest in the pro<br>one.   | operty? Check  |  | claims or exemptions. Pured claims on Schedule L   |
| ar:   |   |  |  |  | neu claims on <i>Schedule L</i><br>nims Secured by Property.   |
| proximate mileage:  |   | Debtor 1 only  |  |  | , , ,  |
| proximate initiage.   |   | Debtor 2 only  |  | Current value of the   | Current value of the   |
| her information:  |   | Debtor 1 and Debtor 2 only   |  | entire property?   | portion you own?   |
|   |   | At least one of the debtors ar   | nd another   |  |  |
|   |   | Check if this is community   | y property (see  |  |  |
|   |   | instructions)  |  |  |  |
| ake   |   | Who has an interest in the pro   | operty? Check  |  | claims or exemptions. Pu   |
| odel:   |   | one.   |  |  | red claims on Schedule L   |
| ar:   |   | Debtor 1 only  |  | Creditors Who Have Cla   | nims Secured by Property.  |
| proximate mileage:  |   | Debtor 2 only  |  | Current value of the   | Current value of the   |
| her information:  |   | Debtor 1 and Debtor 2 only   |  | entire property?   | portion you own?   |
|   |   | At least one of the debtors ar   | nd another   | · <del></del>  |  |
|   |   | Check if this is community   | y property (see  |  |  |
|   |   | instructions)  | ,  |  |  |
|   |   | ,  | norcycle accessori   |  |  |
| ake<br>idel:  |   | Who has an interest in the pro   | ·  | Do not deduct secured  | •  |
|   |   | Who has an interest in the pro   | ·  | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i> I  |
| odel:   |   | Who has an interest in the proone.   | ·  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule I<br>ims Secured by Property.   |
| odel:<br>ar:<br>proximate mileage:  |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only  | ·  | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i> I  |
| odel:<br>ar:  |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | operty? Check  | Do not deduct secured the amount of any secu <i>Creditors Who Have Cla</i> Current value of the  | red claims on Schedule in ims Secured by Property.  Current value of the   |
| odel:<br>ar:<br>proximate mileage:  |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar  | operty? Check  | Do not deduct secured the amount of any secu <i>Creditors Who Have Cla</i> Current value of the  | red claims on Schedule I<br>lims Secured by Property.  Current value of the  |
| odel:<br>ar:<br>proximate mileage:  |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | operty? Check  | Do not deduct secured the amount of any secu <i>Creditors Who Have Cla</i> Current value of the  | red claims on Schedule and schedule of the Current value of the  |
| odel:<br>ar:<br>proximate mileage:  |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors are instructions)   | operty? Check  and another  y property (see  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule a cims Secured by Property.  Current value of the portion you own?  |
| odel:<br>ar:<br>proximate mileage:<br>her information:                          |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community   | operty? Check  and another  y property (see  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule aims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule   |
| odel: ar: proximate mileage: her information:                                   |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions)  Who has an interest in the pro   | operty? Check  and another  y property (see  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule a claims Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule a claims on cl |
| odel: ar: proximate mileage: her information:                                   |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions) Who has an interest in the proone.  | operty? Check  and another  y property (see  | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule aims Secured by Property  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule   |
| odel: ar: proximate mileage: her information:  ake odel: ar: proximate mileage: |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors are instructions)  Who has an interest in the proone. Debtor 1 only   | operty? Check  and another  y property (see  | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class   | red claims on Schedule Islams Secured by Property.  Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Islams Secured by Property.  |
| odel: ar: proximate mileage: her information:  ake odel: ar:                    |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone. Debtor 1 only Debtor 2 only               | operty? Check and another y property (see operty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                    | claims on Schedule I   |
| odel: ar: proximate mileage: her information:  ake odel: ar: proximate mileage: |   | Who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone. Debtor 1 only Debtor 2 only Debtor 2 only | operty? Check and another y property (see operty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                    | claims or exemptions. Pured claims on Schedule Lims Secured by Property.   |
| a<br>p  | del: r: roximate mileage: er information: aft, aircraft, motor ho | del: r: roximate mileage: er information:  aft, aircraft, motor homes, ATVs and other  | Check if this is community instructions)  Who has an interest in the property one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors at Check if this is community instructions)  aft, aircraft, motor homes, ATVs and other recreational vehicles, other verience. | Who has an interest in the property? Check one.  r: Debtor 1 only Debtor 2 only er information:  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  er information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  aft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 13 of 72

| De       | ebtor 1      | Wayne<br>First Name              | Middle Name  | Bell<br>Last Name            | Case number (if known)           |   |
|----------|--------------|----------------------------------|--|------------------------------|----------------------------------|---|
| Pa       | rt 3:        |                                  | our Personal and Household It  |                              |                                  |   |
| D        | o you        | own or hav                       | e any legal or equitable interes   | st in any of the followin    | ng items?                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|          | Examp        |                                  | and furnishings<br>liances, furniture, linens, china, kitcher                                  | nware                        |                                  |   |
| <b>✓</b> | No<br>Yes. [ | Describe                         | Misc. Household Goods  |                              |                                  | \$350.00  |
|          |              | tronics<br>les: Television       | s and radios; audio, video, stereo, and  | d digital equipment; comput  | ers, printers, scanners; music   |   |
| ✓        | Yes. [       | Describe                         | Misc. Electronics  |                              |                                  | \$100.00  |
|          | Examp        |                                  | ue<br>and figurines; paintings, prints, or othe<br>in, or baseball card collections; other o   |                              |                                  |   |
|          | No<br>Yes. [ | Describe                         |  |                              |                                  |   |
|          |              | les: Sports, ph                  | urts and hobbies notographic, exercise, and other hobby s; carpentry tools; musical instrument |                              | tables, golf clubs, skis; canoes |   |
| <b>✓</b> | No<br>Yes. [ | Describe                         |  |                              |                                  |   |
| 1        | 0. Fire      | earms                            |  |                              |                                  |   |
| <b>✓</b> | Examp<br>No  | les: Pistols, rifl               | es, shotguns, ammunition, and related  | d equipment                  |                                  |   |
|          | Yes. [       | Describe                         |  |                              |                                  | <u> </u>  |
|          |              |                                  | clothes, furs, leather coats, designer w   | ear, shoes, accessories      |                                  |   |
| <u>✓</u> | No<br>Yes. [ | Describe                         | Used Clothing  |                              |                                  | \$350.00  |
|          |              | -                                | ewelry, costume jewelry, engagement<br>er  | rings, wedding rings, heirlo | oom jewelry, watches, gems,      |   |
| <u>√</u> | No<br>Yes. [ | Describe                         | Used Costume Jewelry   |                              |                                  | \$50.00   |
|          |              | n-farm animal<br>les: Dogs, cats | <b>s</b><br>s, birds, horses   |                              |                                  |   |
| <b>✓</b> | No<br>Yes. [ | Describe                         |  |                              |                                  | <del></del>   |
| 1        | 4. Any       | other persor                     | nal and household items you did no   | t already list, including ar | ny health aids you did not list  |   |
| <b>✓</b> | No           |                                  |  |                              |                                  |   |
|          | Yes. [       | Describe                         |  |                              |                                  |   |
|          |              |                                  | llue of all of your entries from Part it number here   | 3, including any entries fo  | or pages you have attached       | \$2050.00   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 14 of 72

| Debt         | or 1 Wayne                                | Medalla Mana   | Bell                    | Case number (if known)   |   |
|--------------|---|--|-------------------------|--|---|
| Part 4       |   | Middle Name Financial Assets   | Last Name               |  |   |
| Doy          | you own or have ar                        | ny legal or equitable interest   | in any of the followi   | ing?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. <b>(</b> | xamples: Money you ha                     | ave in your wallet, in your home, ir   |                         | on hand when you file your petition  Cash:                       | \$25.00   |
| 17.          | and other similar in                      | savings, or other financial accounts<br>nstitutions. If you have multiple ac               |                         | chares in credit unions, brokerage houses, stitution, list each. |   |
|              | ✓ Yes                                     |  | Institution name:       |  |   |
|              |   | 17.1. Checking account: 17.2. Checking account:  | Bank of America         |  | \$0.00  |
|              |   | 17.3. Savings account:   | Bank of America         |  | \$0.00  |
|              |   | <ul><li>17.4. Savings account:</li><li>17.5. Certificates of deposit:</li></ul>            |                         |  | ·   |
|              |   | 17.6. Other financial account:   |                         |  |   |
|              |   | 17.7. Other financial account:   |                         |  |   |
|              |   | 17.8. Other financial account:   |                         |  |   |
|              |   | 17.9. Other financial account:   |                         |  |   |
| 18.          |   | , or publicly traded stocks s, investment accounts with broker Institution or issuer name: | age firms, money market | taccounts  |   |
|              |   |  |                         |  |   |
| 19.          | Non-publicly traded an LLC, partnership,  |  | ted and unincorporated  | d businesses, including an interest in                           |   |
|              | Yes. Give specific information about them |  |                         | % of ownership:  |   |
|              |   |  |                         |  |   |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 15 of 72

| Debt | tor 1 Wayne  |  | Bell                       | Case number (if known)                      |   |
|------|--|--|----------------------------|---|---|
|      | First Name   | Middle Name  | Last Name                  |   |   |
| 20.  | Negotiable instruments                             | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfer a lssuer name: | checks, promissory no      | tes, and money orders.                      |   |
|      |  |  |                            |   |   |
| 21.  | Retirement or pension<br>Examples: Interests in II |  | ), thrift savings accounts | s, or other pension or profit-sharing plans |   |
|      | <b>✓</b> No  |  |                            |   |   |
|      | Yes. List each                                     | Type of account:   | Institution name:          |   |   |
|      | account separately.                                | 401(k) or similar plan:  |                            |   |   |
|      |  | Pension plan:  |                            |   |   |
|      |  | IRA:   |                            |   |   |
|      |  | Retirement account:  |                            |   |   |
|      |  | Keogh:   |                            |   |   |
|      |  | Additional account:  |                            |   |   |
|      |  | Additional account:  |                            |   |   |
| 22.  |  | d deposits you have made so that<br>with landlords, prepaid rent, publi  |                            |   |   |
|      | 100  | Electric:  |                            |   |   |
|      |  | Gas:   |                            |   | - |
|      |  | Heating oil:   |                            |   |   |
|      |  | Security deposit on rental unit:   |                            |   |   |
|      |  | Prepaid rent:  |                            |   |   |
|      |  | Telephone:   |                            |   |   |
|      |  | Water:   |                            |   |   |
|      |  | Rented furniture:  |                            |   |   |
|      |  | Other:   |                            |   |   |
| 23.  | Annuities (A contract for                          | or a periodic payment of money to  | you, either for life or fo | r a number of years)                        |   |
|      | ✓ No ☐ Yes   | Issuer name and description:   |                            |   |   |
|      |  |  |                            |   |   |
|      |  |  |                            |   |   |
|      |  |  |                            |   |   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 16 of 72

| Debt | or 1 Wayne<br>First Name  | Middle Name   | Bell Case number (if known)  Last Name  |  |
|------|---|---|---|--|
| 24.  |   |   | d ABLE program, or under a qualified state tuition program.   |  |
|      |   | 30(b)(1), 529A(b), and 529(b)(1).   |   |  |
|      | No Yes  | Institution name and description. Separately file   | e the records of any interests.11 U.S.C. § 521(c):  |  |
|      | 100   |   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
| 25.  |   | ble or future interests in property (other the<br>or your benefit                             | an anything listed in line 1), and rights or powers   |  |
|      | <b>✓</b> No   |   |   |  |
|      | Yes. Desc   | ibe   |   |  |
|      |   | <del></del>   |   |  |
| 26.  |   | rrights, trademarks, trade secrets, and other<br>rnet domain names, websites, proceeds from r |   |  |
|      | <b>✓</b> No   |   |   |  |
|      | Yes. Desc   | ibe   |   |  |
|      |   |   |   |  |
| 27.  |   | ichises, and other general intangibles<br>ding permits, exclusive licenses, cooperative as    | ssociation holdings, liquor licenses, professional licenses   |  |
|      | <b>✓</b> No   |   |   |  |
|      | Yes. Desc   | ibe   |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
| Mor  | ney or proper   | ty owed to you?   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                 |
|      | ney or proper   |   |   | portion you own? Do not deduct secured   |
|      | Tax refunds on No   | ved to you  |   | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds on No Yes. Give s   |   | Federal:  | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds on  ✓ No  Yes. Give s about you a   | ved to you pecific information  | Federal:<br>State:  | portion you own?  Do not deduct secured claims or exemptions.  |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t   | pecific information them, including whether lready filed the returns ne tax years             |   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds on  No Yes. Give s about you a and t  | pecific information them, including whether lready filed the returns the tax years            | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds on  No Yes. Give s about you a and t  | pecific information them, including whether lready filed the returns the tax years            | State:  Local:  hild support, maintenance, divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                              |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past  | pecific information them, including whether lready filed the returns the tax years            | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past  | pecific information them, including whether lready filed the returns ne tax years             | State:  Local:  hild support, maintenance, divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                              |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past  | pecific information them, including whether lready filed the returns ne tax years             | State:  Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony:   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00                   |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past  | pecific information them, including whether lready filed the returns ne tax years             | State:  Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00                    |
| 28.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past  | pecific information them, including whether lready filed the returns ne tax years             | State:  Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00                |
| 29.  | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past No Yes. Give s  Other amount                             | pecific information them, including whether lready filed the returns ne tax years             | State: Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds on  ✓ No  Yes. Give s about you a and t  Family support Examples: Past ✓ No  Yes. Give s  Other amount Examples: Unp        | pecific information them, including whether lready filed the returns ne tax years             | State: Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds on  ✓ No  ✓ Yes. Give s about you a and t  Family suppor Examples: Past ✓ No  ✓ Yes. Give s  Other amount Examples: Unp Soc | pecific information them, including whether lready filed the returns ne tax years             | State: Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.  | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc          | pecific information them, including whether lready filed the returns ne tax years             | State: Local:  hild support, maintenance, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 17 of 72

| Deb  | tor 1 Wayne  |                          | Bell   | Case number (if known)                           |   |
|------|--|--------------------------|--|--|---|
|      | First Name   | Middle Name              | Last Name  |  |   |
| 31.  | Interests in insurance poli<br>Examples: Health, disability,   |                          | lth savings account (HSA); credit, I                             | nomeowner's, or renter's insurance               |   |
|      | Yes. Name the insurance of each policy and list its  |                          | Company name:  | Beneficiary:                                     | Surrender or refund value:                |
| 32.  | Any interest in property the If you are the beneficiary of a property because someone I No Yes. Describe | a living trust, expect p |  | ey, or are currently entitled to receive         |   |
|      |  |                          |  |  |   |
| 33.  | Examples: Accidents, emplo   |                          | you have filed a lawsuit or made rrance claims, or rights to sue | a demand for payment                             |   |
|      | \$15000.00   |                          |  |  |   |
| 34.  | -  | ——<br>quidated claims of | every nature, including counter                                  | claims of the debtor and rights                  |   |
|      | <b>✓</b> No  |                          |  |  |   |
|      | Yes. Describe  |                          |  |  |   |
| 35.  | Any financial assets you d   | id not already list      |  |  |   |
|      | ✓ No  Yes. Describe  |                          |  |  |   |
| 36.  |  | -                        | n Part 4, including any entries f                                |  | \$15025.00                                |
|      |  |                          |  |  |   |
| Part | 5 Describe Any Busin   | ess-Related Pro          | perty You Own or Have an I                                       | nterest In. List any real estate in Part         | 1.  |
| 37.  | <del>-</del>   |                          | erest in any business-related p                                  |  |   |
|      | No. Go to Part 6.  |                          |  |  | urrent value of the ortion you own?       |
|      | Yes. Go to line 38.  |                          |  | D  | o not deduct secured claims<br>exemptions |
| 38.  | Accounts receivable or co  | mmissions you alre       | eady earned  |  |   |
|      | ✓ No Yes. Describe   |                          |  |  |   |
| 39.  | Office equipment, furnishi<br>Examples: Business-related   |                          | , modems, printers, copiers, fax m                               | achines, rugs, telephones, desks, chairs, electr | onic devices                              |
|      | No Yes. Describe   |                          |  |  |   |
|      |  |                          |  |  |   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 18 of 72

| Deb      | tor 1 Wayne               | Bell Case number (if known)   |                                       |
|----------|---------------------------|---|---------------------------------------|
| 1.0      | First Name                | Middle Name Last Name   |                                       |
| 40.      | Machinery, fixtures, eq   | quipment, supplies you use in business, and tools of your trade   |                                       |
|          | <b>✓</b> No               |   |                                       |
|          | Yes. Describe             |   |                                       |
|          | _                         |   |                                       |
| 44       |                           |   |                                       |
| 41.      | Inventory                 |   |                                       |
|          | <b>✓</b> No               |   |                                       |
|          | Yes. Describe             |   |                                       |
|          |                           |   |                                       |
| 12       | Interests in partnership  | ne or igint ventures  |                                       |
| 42.      |                           | ps or joint ventures  |                                       |
|          | <b>✓</b> No               | Name of entity: % of ownership:   |                                       |
|          | Yes. Give specific        | , and an analytic state of the |                                       |
|          | information about them    | <u> </u>  | <del></del>                           |
|          |                           |   | <u> </u>                              |
|          |                           |   |                                       |
| 13       | Customer lists mailing l  | lists, or other compilations  |                                       |
| 40.      | _                         | ists, or other complications  |                                       |
|          | <b>✓</b> No               |   |                                       |
|          | Yes. Do your lists in     | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?   |                                       |
|          | ☐ No                      |   |                                       |
|          | Yes. Descri               | be  |                                       |
|          |                           |   |                                       |
| 44.      | Any business-related p    | property you did not already list   |                                       |
|          | <b>✓</b> No               |   |                                       |
|          | Yes. Give specific        |   | <del></del>                           |
|          | information               |   |                                       |
|          |                           |   |                                       |
|          |                           |   | <del></del>                           |
|          |                           |   | <del></del>                           |
|          |                           |   |                                       |
|          |                           |   |                                       |
|          |                           |   | <del></del>                           |
| 45 A     | dd the deller velve of el | II of varie autoing from Dout C including any autoing for marca varieties attacked  |                                       |
|          |                           | ll of your entries from Part 5, including any entries for pages you have attached<br>r here   |                                       |
| <u> </u> |                           |   |                                       |
| Part     |                           | rm- and Commercial Fishing-Related Property You Own or Have an Interest In.   |                                       |
|          |                           | interest in farmland, list it in Part 1.  |                                       |
| 46.      | Do you own or have an     | ny legal or equitable interest in any farm- or commercial fishing-related property?   |                                       |
|          | No. Go to Part 7.         |   | Current value of the portion you own? |
|          | Yes. Go to line 47.       |   | Do not deduct secured claims          |
|          |                           |   | or exemptions                         |
| 47.      | Farm animals              |   |                                       |
|          | Examples: Livestock, po   | oultry, farm-raised fish  |                                       |
|          | <b>✓</b> No               |   |                                       |
|          | Yes. Describe             |   |                                       |
|          | _                         |   |                                       |
|          |                           |   |                                       |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 19 of 72

| Debt         | tor 1 Wayne<br>First Name  |  | ell<br>ast Name        | Case number (if known)       |                  |
|--------------|----------------------------|--|------------------------|------------------------------|------------------|
| 48.          |                            |  |                        |                              |                  |
|              | ✓ No Yes. Describe         |  |                        |                              |                  |
| 49.          | Farm and fishing equip     | oment, implements, machinery, fixture                                  | es, and tools of trade |                              |                  |
|              | <b>✓</b> No                |  |                        |                              |                  |
|              | Yes. Describe              |  |                        |                              |                  |
| 50.          | Farm and fishing suppl     | lies, chemicals, and feed  |                        |                              |                  |
|              | <b>✓</b> No                |  |                        |                              |                  |
|              | Yes. Describe              |  |                        |                              |                  |
|              | L                          |  |                        |                              |                  |
| 51.          |                            | rcial fishing-related property you did r                               | not already list       |                              |                  |
|              | ✓ No Yes. Describe         |  |                        |                              |                  |
|              | Tes. Describe              |  |                        |                              |                  |
|              |                            | <del></del>  |                        |                              |                  |
|              |                            | l of your entries from Part 6, including here                          |                        | u have attached              |                  |
| •            |                            |  |                        | L                            |                  |
|              |                            |  |                        |                              |                  |
| Part 1       | 7: Describe All Pro        | perty You Own or Have an Intere  | st in That You Did Not | : List Above                 |                  |
| 53.          |                            | perty of any kind you did not already li<br>s, country club membership | st?                    |                              |                  |
|              | No No                      | s, country dub membersmp   |                        |                              |                  |
|              | Yes. Give specific         |  |                        |                              | -                |
|              | information                |  |                        |                              |                  |
|              |                            |  |                        |                              |                  |
| 54 A         | dd the dellar value of al  | I of your entries from Part 7. Write tha                               | at number bere         | 1                            | •                |
| J4. A        | uu tile uollai value ol ai | Toryour entires nom Fart 7. Write the                                  | it number here         |                              |                  |
|              |                            |  |                        |                              |                  |
|              |                            |  |                        |                              |                  |
|              |                            |  |                        |                              |                  |
| Part         | 8: List the Totals of      | Each Part of this Form   |                        |                              |                  |
| 55. <b>F</b> | Part 1: Total real estate  | , line 2   |                        | <b>&gt;</b>                  |                  |
| 56. <b>r</b> | part 2 total vehicles, lin | e 5  | \$9799.50              |                              |                  |
| 57. <b>P</b> | art 3: Total personal an   | d household items, line 15   | \$2050.00              |                              |                  |
| 58. <b>P</b> | art 4: Total financial as  | sets, line 36  | \$15025.00             |                              |                  |
| 59. <b>F</b> | Part 5: Total business-re  | elated property, line 45   |                        |                              |                  |
| 60. <b>F</b> | Part 6: Total farm- and f  | ishing-related property, line 52                                       |                        |                              |                  |
| 61. <b>F</b> | Part 7: Total other prop   | erty not listed, line 54   |                        |                              |                  |
| 62. 1        | Total personal property.   | Add lines 56 through 61  | \$26874.50             | Copy personal property total | + \$26874.50     |
|              |                            |  |                        |                              | <b>A</b> 0527175 |
| 63. <b>T</b> | otal of all property on S  | chedule A/B. Add line 55 + line 62                                     |                        |                              | \$26874.50       |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 20 of 72

| Debtor 1 | Wayne        |              | Bell       | Case number (if known) |  |
|----------|--------------|--------------|------------|------------------------|--|
|          | Civat Name a | Middle Noses | Look Money |                        |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe | Part 3: Describe Your Personal and Household Items                |  |  |  |  |
|------------------|---|--|--|--|--|
| Do you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |
| 12.2. Jewelry    |   |  |  |  |  |
| No               |   |  |  |  |  |
| Yes. Describe    | Wedding Rings   | \$1200.00  |  |  |  |

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 21 of 72

| Fill in this information to identify your case: |                           |             |                              |  |  |
|---|---------------------------|-------------|------------------------------|--|--|
| Debtor 1  | Wayne                     |             | Bell                         |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |
| Debtor 2  |                           |             |                              |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |                           |             | (Giaio)                      |  |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | t 1: Identify the Property You Clair  | n as Exempt                                |   |   |
|----|---|--|---|---|
| 1. |   |  |   |   |
|    |   | . , .                                      |   |   |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(2                   | 2)  |   |
| 2. | For any property you list on Schedule A   | /B that you claim as e                     | xempt, fill in the information below.   |   |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |
|    |   | Schedule A/B                               |   |   |
|    | Brief description:  | \$4,662.50                                 | <b>7</b>  | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
|    | Jeep Compass, 2014,<br>2014 Jeep Compass  |  | 100% of fair market value, up to any  | _   |
|    | Line from Schedule A/B: 03  |  | applicable statutory limit  |   |
|    | Brief description:  | \$5,137.00                                 | \$2,400,00; \$1,127,00  | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)    |
|    | Nissan Altima, 2007,<br>2007 Nissan Altima  |  | 100% of fair market value, up to any  | _   |
|    | Line from Schedule A/B: 03  |  | applicable statutory limit  |   |
| 3. | ✓ No  | ery 3 years after that for a               | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |   |
|    | No  Yes   | old by the old inputon w                   |   |   |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 22 of 72

 Debtor 1 First Name
 Wayne
 Bell Last Name
 Case number (if known)

 Last Name
 Last Name

| Brief description of the property and<br>line on Schedule A/B that lists this<br>property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B        |   |                                    |
| Brief<br>description:   | \$0.00                                     | <b>7</b>  | 735 ILCS 5/12-1001(b)              |
| Checking account, Bank of America   |  | 100% of fair market value, up to any                                      | _                                  |
| Line from<br>Schedule A/B:17  |  | applicable statutory limit  |                                    |
| Brief<br>description:   | \$350.00                                   | \$350.00  | 735 ILCS 5/12-1001(b)              |
| Misc. Household Goods  Line from  Schedule A/B: 06  |  | 100% of fair market value, up to any applicable statutory limit           | _                                  |
| Brief<br>description:   | \$0.00                                     | \$0   | 735 ILCS 5/12-1001(b)              |
| Savings account, Bank of America  Line from   |  | 100% of fair market value, up to any applicable statutory limit           | _                                  |
| Schedule A/B:17   |  |   | 725 II CS 5/12 1001/o\             |
| description: Used Clothing  | \$350.00                                   | \$350.00  | 735 ILCS 5/12-1001(a)              |
| Line from Schedule A/B: 11  |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief<br>description:   | \$100.00                                   | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Misc. Electronics  Line from  Schedule A/B: 07  |  | 100% of fair market value, up to any applicable statutory limit           | _                                  |
| Brief description:  | \$50.00                                    | <b>7</b>  | 735 ILCS 5/12-1001(b)              |
| Used Costume Jewelry Line from  |  | \$50.00  100% of fair market value, up to any applicable statutory limit  | _                                  |
| Schedule A/B:12<br>Brief<br>description:  | \$25.00                                    |   | 735 ILCS 5/12-1001(b)              |
| Cash on Hand Line from  |  | \$25.00   | _                                  |
| Schedule A/B:16<br>Brief  |  | applicable statutory limit  | 735 ILCS 5/12-1001(h)(4)           |
| description: Anticipated Personal   | \$15,000.00                                | \$15,000.00   | _                                  |
| Injury Award  Line from  Schedule A/B: 33   |  | 100% of fair market value, up to any applicable statutory limit           |                                    |
| Brief description:  | \$1,200.00                                 | <b>V</b> 60   | 735 ILCS 5/12-1001(b)              |
| 1.11  | <del></del>                                | <b>₩</b>  |                                    |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 23 of 72

| Fill in  | this information to identify your case   | se:  | Ī                                      |                          |                     |
|----------|--|--|--|--------------------------|---------------------|
|          |  |  |  |                          |                     |
| Debto    | or 1 Wayne<br>First Name   | Bell Middle Name Last Name   |  |                          |                     |
| Debto    | or 2   |  |  |                          |                     |
| (Spous   | e, if filing) First Name   | Middle Name Last Name  |  |                          |                     |
| United   | d States Bankruptcy Court for the:   | Northern District of Illinois  |  |                          |                     |
|          | number   | (State)  |  |                          |                     |
| (If know | <u>·</u>   |  |  | П                        | Check if this is a  |
|          | icial Form 106D  |  |  | _                        | amended filing      |
| Scl      | nedule D: Credito  | ors Who Have Claims Secur  | ed by Prop                             | erty                     | 12/1                |
|          |  | ole. If two married people are filing together, both are equ<br>onal Page, fill it out, number the entries, and attach it to   |  |                          |                     |
|          | and case number (if known).  | mai rage, ill it out, number the entries, and attach it to   | this form. On the top                  | or any additional pa     | ges, write your     |
| 1.       | Do any creditors have claims se  | ecured by your property?   |  |                          |                     |
| ſ        | No. Check this box and subm  | nit this form to the court with your other schedules. You have   | ve nothing else to rep                 | ort on this form.        |                     |
| Ī        | Yes. Fill in all of the information  | n below.   |  |                          |                     |
| Part     | 1: List All Secured Claims   |  |  |                          |                     |
| 2.       | List all secured claims. If a credit   | tor has more than one secured claim, list the creditor   | Column A                               | Column B                 | Column C            |
|          | •  | nan one creditor has a particular claim, list the other creditors the claims in alphabetical order according to the creditor's | Amount of claim                        | Value of                 | Unsecured           |
|          | name.  | the claims in alphabetical order according to the creditor's   | Do not deduct the value of collateral. | collateral that supports | portion<br>If any   |
|          |  |  |  | this claim               |                     |
| 2.1      | Santander Consumer USA Creditor's Name   | Describe the property that secures the claim:  | \$20,898.00                            | \$9,325.00               | <u>\$11,573.0</u> 0 |
|          | PO Box 961245  | 2014 Jeep Compass  |  |                          |                     |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.   |  |                          |                     |
|          |  | Contingent   |  |                          |                     |
|          | Fort Worth TX 76161 City State ZIP Code  | Unliquidated   |  |                          |                     |
|          | Who owes the debt? Check one.  | Disputed   |  |                          |                     |
|          | Debtor 1 only  | Nature of lien. Check all that apply.  |  |                          |                     |
|          | Debtor 2 only  | An agreement you made (such as mortgage or secured   |  |                          |                     |
|          | Debtor 1 and Debtor 2 only   | car loan)  Statutory lien (such as tax lien, mechanic's lien)  |  |                          |                     |
|          | At least one of the debtors and another  | Judgment lien from a lawsuit   |  |                          |                     |
|          | Check if this claim relates  | Other (including a right to offset)  |  |                          |                     |
|          | to a community debt  Date debt was 2/1/2015                                    |  |  |                          |                     |
|          | incurred 2/1/2013  | Last 4 digits of account number1000  |  |                          |                     |
| 2.2      | Illinois Title Loan Creditor's Name  | Describe the property that secures the claim:  | \$1,600.00                             | \$5,137.00               | \$0.00              |
|          | 5201 W North Ave   | Nissan Altima   Value: \$5,137.00  |  |                          |                     |
|          | Number Street  | As of the date you file, the claim is: Check all that apply.  Contingent   |  |                          |                     |
|          | Oliver H. acces  | <b>=</b> *   |  |                          |                     |
|          | Chicago         IL         60639           City         State         ZIP Code | Unliquidated   |  |                          |                     |
|          | Who owes the debt? Check one.  | Disputed   |  |                          |                     |
|          | ✓ Debtor 1 only  | Nature of lien. Check all that apply.  |  |                          |                     |
|          | Debtor 2 only  Debtor 1 and Debtor 2 only                                      | An agreement you made (such as mortgage or secured car loan)   |  |                          |                     |
|          | At least one of the debtors  | Statutory lien (such as tax lien, mechanic's lien)   |  |                          |                     |
|          | and another  | Judgment lien from a lawsuit   |  |                          |                     |
|          | Check if this claim relates to a community debt                                | Other (including a right to offset)  |  |                          |                     |
|          | Date debt was  | Last 4 digits of account number  |  |                          |                     |
|          |  | our entries in Column A on this page. Write that number  | \$22,498.00                            |                          |                     |
|          | here:  | on this page. Write that number  | Ψ22,730.00                             |                          |                     |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 24 of 72

| First Name Middle Name Last Name  Additional Page  Column A Column B   | Column C Unsecured       |
|--|--------------------------|
| Column A Column B  |                          |
| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.  After listing any entries on this page, number them beginning with 2.3, followed by Do not deduct the value of collateral that supports this claim | <b>portion</b><br>If any |
| Describe the property that secures the claim:   State  | \$4,094.00               |
| Add the dollar value of your entries in Column A on this page. Write that number here:   |                          |
| If this is the last page of your form, add the dollar value totals from all pages.  Write that number here:  \$27,792.00   |                          |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 25 of 72

| E-11 ·          |   | and the state of the state of   |  |  |   |                          |                                 |                                |
|-----------------|---|---|--|--|---|--------------------------|---------------------------------|--------------------------------|
| Fill ir         | n this infor  | mation to identify your c   | ase:   |  |   |                          |                                 |                                |
| Debt            | tor 1   | Wayne   |  | Bell   |   |                          |                                 |                                |
|                 |   | First Name  | Middle Name  | Last Name  |   |                          |                                 |                                |
| Debt            |   |   |  |  |   |                          |                                 |                                |
| (Spot           | use, if filing)   | First Name  | Middle Name  | Last Name  |   |                          |                                 |                                |
| Unite           | ed States E   | Bankruptcy Court for the:   | Northern   | District of Illinois   |   |                          |                                 |                                |
|                 |   | , ,   |  | (State)  |   |                          |                                 |                                |
| Case<br>(If kno | e number  |   |  |  |   |                          |                                 |                                |
| `               | •   |   |  |  |   |                          | ook if this is s                | n amandad filing               |
| Off             | icial F   | orm 106E/F  |  |  |   |                          | eck ii triis is ai              | n amended filing               |
| 20              | hodi  | ulo E/E: Cro  | ditore Who   | Haya Ilnca   | cured Claims  |                          |                                 |                                |
| <u> </u>        | neut  | LIE E/F. CIE  | ditors willo   | nave onse  | cureu Ciaiilis  |                          |                                 | 12/15                          |
| Form claim      | 106A/B) and the strate in the | and on Schedule G: Exe<br>e listed in Schedule D: (<br>he boxes on the left. At           | ecutory Contracts and Un<br>Creditors Who Hold Claim | expired Leases (Official l<br>s Secured by Property. If                                    | Also list executory contracts<br>Form 106G). Do not include a<br>f more space is needed, copy<br>top of any additional pages, v | ny credito<br>the Part y | rs with partia<br>ou need, fill | ally secured<br>it out, number |
| 1.              | Do any c  | reditors have priority ur   | nsecured claims against y                            | /ou?   |   |                          |                                 |                                |
|                 |   | Go to Part 2.   |  |  |   |                          |                                 |                                |
|                 | Yes.  |   |  |  |   |                          |                                 |                                |
| 2.              | listed, idea<br>As much<br>Continuat  | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If moi | is. If a claim has both priori                       | ty and nonpriority amount<br>ding to the creditor's name<br>particular claim, list the oth |   | both priorit             | y and nonprio                   | ority amounts.                 |
|                 |   |   |  |  |   | Total                    | Priority                        | Nonpriority                    |

claim

amount

amount

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 26 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 **AFNI** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 404 BROCK DR PO BOX 309 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated BLOOMINGTON 61701 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: V Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_\_ Collecting for Comcast Is the claim subject to offset? Yes 4.2 Anesthesia Associates LTD \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a Po Box 686 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60115 Dekalb Illinois Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Medical Is the claim subject to offset? **✓** No Yes 4.3 CACH LLC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 4340 S MONACO SECOND FLOOR When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 80237 **DENVER** Colorado City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Collecting for Capital one Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 27 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CELTIC BANK/CONTFINCO 4.4 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2769 WEST AJ HIGHWAY As of the date you file, the claim is: Check all that apply. Contingent Unliquidated MORRISTOWN 37814 Tennessee City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Credit card Is the claim subject to offset? **✓** No Yes **CERTIFED SVC** \$0.00 1702 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 9/1/2013 When was the debt incurred? 1733 WASHINGTON ST 201 Number Street As of the date you file, the claim is: Check all that apply. Contingent WAUKEGAN 60079 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes 4.6 Certified Services \$60.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 177 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60079 Waukegan Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only  $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Collecting for Medical Is the claim subject to offset?

✓ No Yes

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 28 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 City of Chicago Parking \$750.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 N. LaSalle St # 107A Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Parking tickets Is the claim subject to offset? **✓** No Yes CONVERGENT OUTSOURCING \$161.00 Last 4 digits of account number \_ Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Renton Washington 98057 Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Collecting for Direct TV Is the claim subject to offset? **✓** No Yes CREDENCE RESOURCE MANA \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 17000 DALLAS PKWY STE 20 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 75248 DALLAS Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify \_\_\_\_

Collecting for AT&T

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 29 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Credit Management \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 4200 INTÉRNATIONAL When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CARROLLTON 75007 Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Collecting for WOW Is the claim subject to offset? **✓** No Yes First American Cash Advance \$0.00 4.11 Last 4 digits of account number \_ Nonpriority Creditor's Name n/a 9263 W. Cermak Rd. When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Riverside Illinois 60546 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Payday Loan Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes **FST PREMIER** 4.12 \$911.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/1/2011 3820 N LOUISE AVE Number Street As of the date you file, the claim is: Check all that apply. Contingent SIOUX FALLS 57107 South Dakota Unliquidated Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No

Yes

#### Entered 02/01/17 12:40:51 Desc Main Case 17-02929 Doc 1 Filed 02/01/17 Document Page 30 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 \$375.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12/1/2016 Po Box 64378 Number As of the date you file, the claim is: Check all that apply. Contingent Saint Paul Minnesota 55164 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: 11 AT T **✓** No Other. Specify **UVERSE** Yes 4.14 MIDLAND FUNDING \$1.00 Last 4 digits of account number Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 92123 SAN DIEGO California City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ General Unsecured Is the claim subject to offset? **✓** No Yes MIDSTATE COLLECTION SO 4.15 \$300.00 Last 4 digits of account number 3614 Nonpriority Creditor's Name 2009B Round Barn Rd When was the debt incurred? 9/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 61821 Champaign Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? ORIGINAL CREDITOR: MEDICAL **✓** No

Yes

Other. Specify

PAYMENT DATA

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 31 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 MONTEREY FIN \$1,986.00 Last 4 digits of account number Nonpriority Creditor's Name 4095 AVENIDA DE LA When was the debt incurred? 11/1/2011 Number As of the date you file, the claim is: Check all that apply. Contingent **OCEANSIDE** California 92056 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 24 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.17 **REGION RECOV** \$1,988.00 Last 4 digits of account number 4687 Nonpriority Creditor's Name 5252 HOHMAN When was the debt incurred? 11/1/2016 Number As of the date you file, the claim is: Check all that apply. Contingent HAMMOND Indiana 46325 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: 05 LAKE **✓** No Other. Specify SHORE DUNES KINZIE RLTY Yes TRANSWORLD SYS INC/09 4.18 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 507 PRUDENTIAL RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated HORSHAM Pennsylvania 19044 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Direct TV Is the claim subject to offset? **✓** No

Yes

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 32 of 72

| ebtor 1 Wayne                          |                         | Ве                  | - Case Hamber (Millermy   |  |  |  |  |
|--|-------------------------|---------------------|---|--|--|--|--|
| First Name                             | Middle N                | Name Las            | st Name   |  |  |  |  |
| art 2: Your NONPR                      | IORITY Unsecured        | Claims - Continua   | ation Page  |  |  |  |  |
| After listing any                      | entries on this page, r | number them beginni | ng with 4.5, followed by 4.6, and so forth.  Total claim          |  |  |  |  |
| .19 Village of Lansing                 |                         |                     | Last 4 digits of account number \$500.00                          |  |  |  |  |
| Nonpriority Credito<br>3141 Ridge Road |                         |                     | When was the debt incurred?                                       |  |  |  |  |
| Number                                 | Street                  |                     |   |  |  |  |  |
|  |                         |                     | As of the date you file, the claim is: Check all that apply.      |  |  |  |  |
|  |                         |                     | Contingent  |  |  |  |  |
| Lansing                                | Illinois                | 60438               | Unliquidated  |  |  |  |  |
| City                                   | State                   | Zip Code            | Disputed  |  |  |  |  |
|  | e debt? Check one.      |                     | Type of NONPRIORITY unsecured claim:                              |  |  |  |  |
|  |                         |                     | Student loans   |  |  |  |  |
| Debtor 2 only                          |                         |                     | Obligations arising out of a separation agreement or              |  |  |  |  |
| Debtor 1 and                           | Debtor 2 only           |                     | divorce that you did not report as priority claims                |  |  |  |  |
| At least one o                         | f the debtors and anoth | er                  | Debts to pension or profit-sharing plans, and other similar debts |  |  |  |  |
| Check if this                          | claim relates to a co   | mmunity debt        | Other. Specify Redlight   |  |  |  |  |
| Is the claim subj                      | ect to offset?          |                     |   |  |  |  |  |
| <b>✓</b> No                            |                         |                     |   |  |  |  |  |
| Yes                                    |                         |                     |   |  |  |  |  |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 33 of 72

Debtor 1 Wayne First Name Bell Case number (if known) Middle Name Part 4: Add the Amounts for Each Type of Unsecured Claim

|                          | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.   | s for s | statistical reporting purposes only. 28 U.S.C. §159. |
|--------------------------|---|---------|--|
|                          |   |         | Total claims   |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00   |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00   |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00   |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00   |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00   |
|                          |   |         | Total claims   |
|                          |   |         | \$0.00   |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$0.00   |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00   |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00   |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.     | \$7,033.00   |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j.     | \$7,033.00   |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 34 of 72

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Wayne                     | Bell        |                              |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |             | ,,,,,,                       |  |  |  |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or comp             | pany with whom you have | the contract or lease | State what the contract or lease is for            |
|----------------------------|-------------------------|-----------------------|--|
| 2.1 Unknown , Unkr<br>Name | nown                    |                       | Residential Lease,<br>Other,<br>Year to Year Lease |
| Number                     | Street                  |                       |  |
| City                       | State                   | Zip Code              |  |

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main

|                         |   | Do   | cument Pag   | e 35 of 72   |                                    |
|-------------------------|---|--|--|--|------------------------------------|
| Fill in this            | s information to identify your  | case:  |  |  |                                    |
| Debtor 1                | Wayne   |  | Bell   |  |                                    |
|                         | First Name  | Middle Name  | Last Name  |  |                                    |
| Debtor 2<br>(Spouse, if | First Name  | Middle Name  | Last Name  | <del></del>  |                                    |
| United St               | ates Bankruptcy Court for the   | Northern   | District of Illinois   |  |                                    |
| Case nur                | nher  |  | (State)  |  |                                    |
| (If known)              |   |  |  |  |                                    |
|                         |   |  |  |  | Check if this is an amended filing |
| Offic                   | ial Form 106H   |  |  |  | J                                  |
|                         |   | dabbawa  |  |  |                                    |
| Sche                    | dule H: Your Co   | deptors  |  |  | 12/15                              |
| 1. Do                   | lifornia, Idaho, Louisiana, Nev No. Go to line 3. Yes. Did your spouse, for No Yes. In which common | rou lived in a community pada, New Mexico, Puerto Romer spouse, or legal equ | oroperty state or territoroo, Texas, Washington, a valent live with you at the you live? | ry? (Community property states and territories included and Wisconsin.)  |                                    |
|                         |   | Torrior spouse, or legal equ   | TVAIGITE   |  |                                    |
|                         | Number Street   |  |  |  |                                    |
|                         | City  | State  | Zip Co   | ode  |                                    |
| ag                      | ain as a codebtor only if tha   | nt person is a guarantor o   | r cosigner. Make sure y  | or if your spouse is filing with you. List the perso<br>you have listed the creditor on Schedule D (Offic<br>Schedule D, Schedule E/F, or Schedule G to fill o | ial Form 106D),                    |
| Co                      | olumn 1: Your codebtor  |  |  | Column 2: The creditor to whom you ov  | ve the debt                        |
|                         |   |  |  | Check all schedules that apply:  |                                    |

Schedule D, line 2.1

Schedule E/F, line\_\_\_\_\_

Schedule G, line

✓

60620

Zip Code

Howard, Angela

7801 S. Aberdeen St.

Illinois State

Street

Name

Number

Chicago City

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 36 of 72

| E                                     |   |   |                       |                 |                |                 |                                   |                          |
|---------------------------------------|---|---|-----------------------|-----------------|----------------|-----------------|-----------------------------------|--------------------------|
| Fill in this in                       | formation to identify                               | your case:  |                       |                 |                |                 |                                   |                          |
| Debtor 1                              | Wayne   |   | Bell                  |                 |                |                 |                                   |                          |
|                                       | First Name  | Middle Name   | Last N                | lame            | <b>;</b>       | Che             | ck if this is:                    |                          |
| Debtor 2<br>(Spouse, if filing        | ) First Name  | Middle Name   | Last N                | lame            | <u> </u>       |                 | An amended filing                 |                          |
|                                       |   |   |                       |                 |                |                 | A supplement showing              | post-petition chapter 13 |
| United States the:                    | Bankruptcy Court for                                | Northern  | District of III       | inois<br>State) |                |                 | expenses as of the follo          |                          |
| Case number                           | -   |   | (0                    | Jiaic,          | 1              | _               |                                   |                          |
| (lf known)                            |   |   |                       |                 |                |                 | MM / DD / YYYY                    |                          |
| Official                              | Form 106I   |   |                       |                 |                |                 |                                   |                          |
| Schedu                                | le I: Your In                                       | come  |                       |                 |                |                 |                                   | 12/15                    |
| information spouse. If monumber (if k | about your spouse. I                                | •   | d your spou           | se is           | not filing w   | ith you, do     | not include informa               | tion about your          |
| 1. Fill in you                        | ur employment                                       |   | Debtor 1              | ı               |                |                 | Debtor 2                          |                          |
| informati                             |   |   |                       |                 |                |                 |                                   |                          |
|                                       | re more than one job,                               | Employment status   | Emplo                 | •               |                |                 | Employed                          |                          |
|                                       | eparate page with<br>In about additional            |   | ✓ Not E               | mplo            | yed            |                 | ✓ Not Employed                    |                          |
| employers                             |   | Occupation  |                       |                 |                |                 | _                                 |                          |
| Include pa                            | art time, seasonal, or                              | Employer's name   |                       |                 |                |                 |                                   |                          |
| self-emplo                            | oyed work.  | Employer's address  | -                     |                 |                |                 | -                                 |                          |
|                                       | on may include student<br>naker, if it applies.     | Employer 3 dudiess  | Number St             | reet            |                |                 | Number Street                     |                          |
|                                       |   |   |                       |                 |                |                 |                                   |                          |
|                                       |   |   | City                  |                 | State          | Zip Code        | City                              | State Zip Code           |
|                                       |   | How long employed there?  |                       |                 |                |                 |                                   |                          |
|                                       |   |   |                       |                 |                |                 |                                   | -                        |
| Part 2: Gi                            | ve Details About N                                  | Ionthly Income  |                       |                 |                |                 |                                   |                          |
|                                       | onthly income as of t<br>ss you are separated.      | he date you file this forn  | <b>n.</b> If you have | noth            | ning to report | for any line, v | vrite \$0 in the space. In        | clude your non-filing    |
|                                       | r non-filing spouse have<br>, attach a separate she | e more than one employer,<br>et to this form.   | combine the           | infor           | mation for all | employers fo    |                                   | es below. If you need    |
|                                       |   |   |                       |                 | For Del        | otor 1          | For Debtor 2 or non-filing spouse |                          |
|                                       |   | ary, and commissions (before a calculate what the monthly before a calculate what the calculate what the monthly before a calculate which is a calculate |                       | 2.              |                | \$0.00          | \$0.0                             | 00                       |
| 3. Estima                             | te and list monthly over                            | rtime pay.  |                       | 3.              |                | + \$0.00        | + \$0.0                           | 00                       |
| 4. Calcula                            | nte gross income. Add li                            | ne 2 + line 3.  |                       | 4.              |                | \$0.00          | \$0.                              | .00                      |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 37 of 72

| Deb                  | tor 1Wayne First Name Middle Name  | Bell<br>Last Name   | Case number<br>known)  | (if                               |                         |
|----------------------|--|---------------------|------------------------|-----------------------------------|-------------------------|
|                      | car taine  | <u> </u>            | For Debtor 1           | For Debtor 2 or non-filing spouse |                         |
| Co                   | opy line 4 here  | <b>→</b> 4.         | \$0.00                 | \$0.00                            |                         |
| 5. <b>Li</b> :       | st all payroll deductions:   |                     |                        |                                   |                         |
| 5                    | a. Tax, Medicare, and Social Security deductions   | 5a.                 | \$0.00                 | \$0.00                            |                         |
| 51                   | b. Mandatory contributions for retirement plans  | 5b.                 | \$0.00                 | \$0.00                            |                         |
| 50                   | c. Voluntary contributions for retirement plans  | 5c.                 | \$0.00                 | \$0.00                            |                         |
| 50                   | d. Required repayments of retirement fund loans  | 5d.                 | \$0.00                 | \$0.00                            |                         |
| 5                    | e. Insurance   | 5e.                 | \$0.00                 | \$0.00                            |                         |
| 51                   | f. Domestic support obligations  | 5f.                 | \$0.00                 | \$0.00                            |                         |
| 5                    | g. <b>Union dues</b>   | 5g.                 | \$0.00                 | \$0.00                            |                         |
| 51                   | h. Other deductions. Specify:  | 5h. +               | \$0.00 +               | \$0.00                            |                         |
| 6. <b>Ac</b><br>+5h. | dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e  | e +5f + 5g 6.       | \$0.00                 | \$0.00                            |                         |
| 7. <b>C</b> a        | alculate total monthly take-home pay. Subtract line 6 from   | line 4. 7.          | \$0.00                 | \$0.00                            |                         |
| 8. <b>Li</b> s       | st all other income regularly received:  |                     |                        |                                   |                         |
| 88                   | Net income from rental property and from operating a business, profession, or farm   |                     |                        |                                   |                         |
|                      | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses,  |                     |                        |                                   |                         |
|                      | the total monthly net income.  | 8a.                 | \$0.00                 | \$0.00                            |                         |
| 81                   | b. Interest and dividends  | 8b.                 | \$0.00                 | \$0.00                            |                         |
| 80                   | c. Family support payments that you, a non-filing spouse dependent regularly receive   |                     |                        |                                   |                         |
|                      | Include alimony, spousal support, child support, maintenal divorce settlement, and property settlement.  | nce,<br>8c.         | \$0.00                 | \$0.00                            |                         |
| 80                   | d. Unemployment compensation   | 8d.                 | \$0.00                 | \$0.00                            |                         |
| 86                   | e. Social Security   | 8e.                 | \$733.00               | \$735.00                          |                         |
| 81                   | f. Other government assistance that you regularly receiv Include cash assistance and the value (if known) of any nor cash assistance that you receive, such as food stamps (ben under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | n-<br>efits         | <b>*110.00</b>         | <b>\$100.00</b>                   |                         |
| 0.                   | Food Assistance Programs Income  | 8f.                 | \$110.00               | \$100.00                          |                         |
|                      | g. Pension or retirement income  | 8g.                 | \$0.00                 | \$0.00                            |                         |
|                      | h. Other monthly income. Specify:  | 8h. +               | \$0.00 +               | \$0.00                            |                         |
| 9. AC                | dd all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +  | 8g + 8h. 9.         | \$843.00               | \$835.00                          |                         |
|                      | alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filin   | 10.<br>g spouse     | \$843.00 +             | \$835.00                          | \$1,678.00              |
| In<br>fri            | State all other regular contributions to the expenses that include contributions from an unmarried partner, members of yiends or relatives.  To not include any amounts already included in lines 2-10 or a  | our household, your | dependents, your roomm |                                   |                         |
| S                    | pecify:  |                     |                        | 1                                 | 1. + \$0.00             |
|                      | Add the amount in the last column of line 10 to the amou   |                     |                        |                                   | 2. \$1,678.00           |
|                      | Do you expect an increase or decrease within the year at   | ·                   |                        | а, іі іі арріїсэ                  | Combined monthly income |
|                      | Yes. Explain:  |                     |                        |                                   |                         |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 38 of 72

|                                       |  | Docu   | ment Page 38 of 72  | 2                 |   |
|---------------------------------------|--|--|---|-------------------|---|
| Fill in this infor                    | rmation to identify your o                         | case:  |   |                   |   |
| Debtor 1                              | Wayne  |  | Bell  |                   |   |
|                                       | First Name   | Middle Name  | Last Name   | Check if this is: |   |
| Debtor 2<br>(Spouse, if filing)       | First Name   | Middle Name  | Last Name   | An amended filir  | ng  |
| United States E                       | Bankruptcy Court for the:                          | Northern [   | District of Illinois (State)  |                   | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)             |  |  |   | MM / DD / YYYY    | <del>/</del>  |
| Official                              | Form 106J  |  |   |                   |   |
|                                       | e J: Your Exp                                      | enses  |   |                   | 12/15   |
| Part 1: Des  1. Is this a joi  No. Go | o to line 2  oes Debtor 2 live in a s              | eparate household?                                       | nses for Separate Household of Deb                                    | or 2.             |   |
| Do not list D                         |  | es. Fill out this information for                        | Dependent's relationship to   | Dependent's       | Does dependent live                                 |
|                                       | penses include If people other  d your             | o<br>es  | Debtor 1 or Debtor 2  | age               | with you?   |
| Part 2: Esti                          | mate Your Ongoing                                  | Monthly Expenses   |   |                   |   |
| _                                     | of a date after the bank                           |  | rou are using this form as a suppl<br>plemental Schedule J, check the |                   | =   |
|                                       | -  | cash government assistance it on Schedule I: Your Income | -   |                   | Your expenses                                       |
|                                       | I or home ownership ex<br>or the ground or lot. 4. | penses for your residence. In                            | clude first mortgage payments and                                     |                   | <b>\$450.00</b>                                     |
| If not incl                           | luded in line 4:                                   |  |   |                   |   |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

## Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 39 of 72

 Debtor 1 First Name
 Wayne
 Bell Last Name
 Case number (if known)

| 5. Additional mortgage payments for your residence, such as home equily loans         5.         \$0.00           6. Utilities:         5.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Talephone, call phone, Internet, satellite, and cable services         6c.         \$75.00           6d. Other, Speatity:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$250.00           8. Childrage and children's education costs         8.         \$0.00           9. Clothing, Jaundry, and dry cleaning         9.         \$15.00           10. Personal care products and services         10.         \$13.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gaz payments         12.         \$85.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Internamen.         15.         \$0.00           15. Internamen.         15.         \$0.00           15. Whibit insurance         15a         \$0.00           15. Whibit insurance         15a         \$0.00           15. Whibit insurance         15a         \$0   | First Name - Middle Name   | Last Name                                |     |               |
|---|--|--|-----|---------------|
|   |  |  |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$110.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$75.00           6d. Other. Specify:         6d.         \$5.00           7. Food and housekeeping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$15.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$55.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Install insurance         15.         \$0.00           15b. Haulth insurance         15.         \$0.00           15c. Vahicle Insurance         15.         \$0.00           15c. Valic Insurance  | 5. Additional mortgage payments for your residence, such as h      | ome equity loans                         | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$75.00           6d. Other, Specify:         7.         \$250.00           7. Food and housekceping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$15.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$65.00           10. Do not include care payments.         12.         \$65.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance educted from your pay or included in lines 4 or 20.         15a.         \$0.00           15c. Vehicle insurance         15b.         \$0.00           15c. Vehicle insurance         15c.         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included   | 6. Utilities:  |  |     |               |
| 6c. Telephone, cell phone, linternet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 8. \$0.00 7. Food and housekeeping supplies 8. \$1. Schildcare and children's education costs 8. \$1. Supplies 9. \$15.00 9. Clothing, laundry, and dry cleaning 9. \$15.00 10. Personal care products and services 11. \$5.00 11. Medical and dental expenses 11. \$5.00 11. Medical and dental expenses 12. \$5.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Walking insurance deducted from your pay or included in lines 4 or 20. 15c. Vahiclia insurance \$155 \$0.00 15c. Vahiclia insurance \$156 \$0.00 15c. Car payments \$156 \$0.00 15c. Vahiclia insurance \$156 \$0.00 15c. Car payments for Vehicle \$156 \$0.00 15c. Car payments for Vehicle \$156 \$0.00 15c. Cother. Specify: 15c. Vahiclia insurance \$156 \$0.00 15c. Cother. Specify: 15c. Vahiclia insurance \$156 \$0.00 15c. Cother. Specify: 15c. Vahicle insurance \$156 \$0.00 15c. Other. Specify: 15c. Vahicle insurance \$156 \$0.00 15c. Other payments for Vehicle \$1 \$176 \$0.00 15c. Other specify: 15c. Vahicle insurance \$156 \$0.00 15c. Other payments of allmone, maintenance, and support that you did not report as deducted from your pay on line \$5. Schedule I, Your Income (Official Form 106I). 15c. Vahicle payments of allmone, maintenance, and support that you did not report as deducted from your pay on line \$5. Schedule I, Your Income (Official Form 106I). 15c. Vahicle payments of allmone, maintenance, and support that you did not report as deducted | 6a. Electricity, heat, natural gas                                 |  | 6a. | \$110.00      |
| 6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$15.00           10. Personal care products and services         10.         \$13.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$65.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Lile insurance deducted from your pay or included in lines 4 or 20.         15c         \$10.00           15b. Health insurance         15c         \$100.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00 <t< td=""><td>6b. Water, sewer, garbage collection</td><td></td><td>6b.</td><td>\$0.00</td></t<>   | 6b. Water, sewer, garbage collection                               |  | 6b. | \$0.00        |
| 7. Food and housekeeping supplies       7.       \$250.00         8. Childran's and childran's education costs       8.       \$0.00         9. Citching, laundry, and dry cleaning       9.       \$15.00         10. Personal care products and services       10.       \$13.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$65.00         Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a       \$0.00         Do not include insurance ededucted from your pay or included in lines 4 or 20.       15a       \$0.00         15b. Health insurance       15a       \$0.00         15c. Vehicle insurance       15a       \$0.00         15c. Vehicle insurance       15a       \$0.00         15c. Vehicle insurance. Specify:       15a       \$0.00         17c. Installment o   | 6c. Telephone, cell phone, Internet, satellite, and cable services |  | 6c. | \$75.00       |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$15.00 10. Personal care products and services 10. \$13.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Obter insurance. Specify: 15c. Too to include taxes deducted from your pay or included in lines 4 or 20. 15r. Insurance. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 19. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 18. Your payments you make to support others who do not live with you. Specify: 20a. \$0.00 20b. Real estate taxes. 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20b. Real estate taxes. 20c. \$0.00 20b. Real estate taxes. 20d. \$0.00 20b. Real estate taxes.   | 6d. Other. Specify:  |  | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9, \$15.00         10. Personal care products and services       10. \$13.00         11. Medical and dental expenses       11. \$0.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$65.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15a       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$100.00         15c. Vehicle insurance. Specify  | 7. Food and housekeeping supplies                                  |  | 7.  | \$250.00      |
| 10. Personal care products and services 11. Medical and dental expenses 11. S0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Leslith insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Charitable contributions and religious donations 15d. Other insurance 15d. Other insurance 15d. Other insurance 15d. Other insurance 15d. Other insurance. Specify: 15d. S0.00 15d. Other insurance. Specify: 15d. S0.00 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Car payments for Vehicle 1 17d. S0.00 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 189. S0.00 18. Your payments for vehicle 1, Your income (Official Form 1061). 19. Other payments you make to support others who do not live with you. Specify: 19. S0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Maintenance, repair, and upkeep expenses. 20b. S0.00 20d. Maintenance, repair, and upkeep expenses.  | 8. Childcare and children's education costs                        |  | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$65.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15c.       \$100.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15d.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15d.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         17c. Installment or lease payments:       17a       \$0.00 <td>9. Clothing, laundry, and dry cleaning</td> <td></td> <td>9.</td> <td>\$15.00</td>   | 9. Clothing, laundry, and dry cleaning                             |  | 9.  | \$15.00       |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$65.00  | 10. Personal care products and services                            |  | 10. | \$13.00       |
| Do not include car payments   13.   13.   13.   13.   13.   13.   13.   14.   | 11. Medical and dental expenses                                    |  | 11. | \$0.00        |
| 14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       50.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Lefaith insurance       15b. \$0.00       15b. \$0.00         15c. Vehicle insurance       15c. \$100.00       15d. \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16         17. Installment or lease payments:       17a. \$0.00         17b. Car payments for Vehicle 1       17a. \$0.00         17c. Other. Specify:       17c. \$0.00         17c. Other. Specify:       17c. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenance, repair, and   | ·  |  | 12. | \$65.00       |
| 15. Insurance.  | 13. Entertainment, clubs, recreation, newspapers, magazines,       | and books                                | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$100.00 15c. Vehicle insurance   15c   \$100.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 14. Charitable contributions and religious donations               |  | 14. | \$0.00        |
| 15b. Health insurance   |  | lines 4 or 20.                           |     |               |
| 15c. Vehicle insurance  | 15a. Life insurance  |  | 15a | \$0.00        |
| 15d. Other insurance. Specify:  | 15b. Health insurance  |  | 15b | \$0.00        |
| Specify:  |  |  | 15c | \$100.00      |
| Specify:  | 15d. Other insurance. Specify:                                     |  | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.   | 16. Taxes. Do not include taxes deducted from your pay or included | d in lines 4 or 20.                      |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   | Specify:   |  | 16  | \$0.00        |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  | 17. Installment or lease payments:                                 |  |     |               |
| 17c. Other. Specify:  | 17a. Car payments for Vehicle 1                                    |  | 17a | \$0.00        |
| 17d. Other. Specify:  | 17b. Car payments for Vehicle 2                                    |  | 17b | \$0.00        |
| 17d. Other. Specify:  | 17c. Other. Specify:   |  | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  |  |  | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  |  |  |     | \$0.00        |
| Specify:  |  | ·  | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  |  | e with you.                              | 10  | <b>£0.00</b>  |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00  |  | this form or on Schedule I: Your Income  | 19. | <del></del>   |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |  | and term of on contoure it four modifie. | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  |  |  |     |               |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00  | 20c. Property, homeowner's, or renter's insurance                  |  |     |               |
|   | 20d. Maintenance, repair, and upkeep expenses.                     |  |     |               |
|   | 20e. Homeowner's association or condominium dues                   |  | 20e | \$0.00        |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 40 of 72

| Debtor 1 \        | Nayne  |                        |                       | Bell   | Case number (if known) |     |            |
|-------------------|--|------------------------|-----------------------|--|------------------------|-----|------------|
| F                 | irst Name  |                        | Middle Name           | Last Name  |                        |     |            |
| 21. <b>Other.</b> | Specify:   | Zales Jewelry Loan     |                       |  |                        | 21  | \$25.00    |
| 22. Calcu         | late you   | r monthly expenses.    |                       |  |                        |     | \$1,103.00 |
| 22a. Ad           | dd lines 4   | through 21.            |                       |  |                        |     | \$0.00     |
| 22b. C            | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                        |                       |  |                        |     | \$1,103.00 |
| 22c. Ad           | dd line 22   | 2a and 22b. The result | is your monthly exp   | enses.   |                        | 22. |            |
| 23.Calcul         | ate your   | monthly net income     | ٠.                    |  |                        |     |            |
| 23a. Co           | opy line 1   | 12 (your combined mo   | onthly income) from S | Schedule I.  |                        | 23a | \$1,678.00 |
| 23b. C            | opy your   | monthly expenses from  | m line 22 above.      |  |                        | 23b | \$1,103.00 |
|                   |  | our monthly expenses   |                       | ncome.   |                        |     | \$575.00   |
| Т                 | he result  | is your monthly net in | come.                 |  |                        | 23c |            |
|                   | age payr   |                        |                       | oan within the year or do y<br>nodification to the terms o |                        |     |            |
|                   |  |                        |                       |  |                        |     |            |
|                   |  |                        |                       |  |                        |     |            |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 41 of 72

| Fill in this infor        | mation to identify your c | ase:        |                              |  |
|---------------------------|---------------------------|-------------|------------------------------|--|
| Debtor 1                  | Wayne                     |             | Bell                         |  |
|                           | First Name                | Middle Name | Last Name                    |  |
| Debtor 2                  |                           |             |                              |  |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    |  |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |
| Case number<br>(If known) |                           |             | (Giaic)                      |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill out bankruptcy forms?   |
|     | <b>✓</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Wayne Bell   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 2/1/2017  | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 42 of 72

| Debtor 1  Debtor 2 (Spouse, if filli       | information to identify your of Wayne First Name  First Name  tes Bankruptcy Court for the: | Middle Na  | Bell<br>ame Last Nam                               | ρ.                                    |               |                 |                                      |
|--|---|--|--|---------------------------------------|---------------|-----------------|--------------------------------------|
| Debtor 2<br>(Spouse, if fili<br>United Sta | First Name  ing) First Name   |  |  | Α                                     |               |                 |                                      |
| (Spouse, if fili<br>United Sta<br>Case num | - I not ramo  | Middle N   |  | 9                                     |               |                 |                                      |
| Case num                                   | ates Bankruptcy Court for the:  | Middle Na  | ame Last Nam                                       | <u>e</u>                              |               |                 |                                      |
|  |   | Northern   | District of Illino                                 | is                                    |               |                 |                                      |
|  | her   |  | (Stat  | e)                                    |               |                 |                                      |
|  |   |  |  |                                       |               |                 |                                      |
| Offici:                                    | al Form 107   |  |  |                                       |               |                 | Check if this is a<br>amended filing |
|  | nent of Financia  | al Affairs fo  | or Individuals                                     | Filina for I                          | Bankrui       | otcv            | 12/1                                 |
| Be as con<br>information<br>number (in     | nplete and accurate as po<br>on. If more space is need<br>f known). Answer every o          | ossible. If two ma<br>ed, attach a sepa<br>puestion. | rried people are filing<br>rate sheet to this form | together, both a<br>. On the top of a | re equally re | sponsible for s |                                      |
| Part 1:                                    | Give Details About Your   | Maritai Status a                                     | ina where You Livea                                | ветоге                                |               |                 |                                      |
| 1. Wha                                     | at is your current marital st   | atus?  |  |                                       |               |                 |                                      |
| <b>✓</b>                                   | Married   |  |  |                                       |               |                 |                                      |
| ш  | Not married   |  |  |                                       |               |                 |                                      |
| 2. Duri                                    | ing the last 3 years, have y  | ou lived anywhere                                    | other than where you liv                           | ve now?                               |               |                 |                                      |
| ✓  | No<br>Yes. List all of the places ye  | ou lived in the last                                 | 3 years. Do not include v                          | where you live nov                    | v.            |                 |                                      |
|  | Debtor 1:   |  | Dates Debtor 1 lived there                         | Debtor 2:                             |               |                 | Dates Debtor 2 lived there           |
|  |   |  |  | Same as D                             | ebtor 1       |                 | Same as Debtor 1                     |
|  | 10809 S. Wabash   |  |  | _                                     |               |                 | _                                    |
|  | Number Street   |  | From   | Number Street                         |               |                 | From                                 |
|  |   |  | То   | -                                     |               |                 | То                                   |
|  | Chicago Illinois City State   | Zip Code   |  | City                                  | State         | Zip Code        |                                      |
| -  |   |  |  | Same as D                             | ebtor 1       |                 | Same as Debtor 1                     |
|  | Number Street   |  | From   | Number Street                         |               |                 | From                                 |
|  |   |  | То   |                                       |               |                 | То                                   |
|  | City State  | Zip Code   |  | City                                  | State         | Zip Code        |                                      |
| and te                                     | n the last 8 years, did you e<br>erritories include Arizona, Calif                          |  |  |                                       |               |                 |                                      |

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 43 of 72

Bell

Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$5000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) Est. Combined SSI From January 1 of current year until \$1,475.00 Income the date you filed for bankruptcy: Est. 2017 LINK \$200.00 Est. Combined SSI For last calendar year: \$17,700.00 Income (January 1 to December 31, 2016 Est. 2016 LINK \$2,520.00 Est. Combined SSI For the calendar year before that: Income \$8,904.00 (January 1 to December 31, 2015 Est. 2015 LINK \$0.00

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 44 of 72

Bell Debtor 1 Wayne \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 45 of 72

| tor 1                 | Wayne                                 |  |  | Be  | II  | Case number                                    | (if known)   |
|-----------------------|---------------------------------------|--|--|---|---|--|--|
|                       | First Name                            |  | Middle Name  | Las                                       | st Name                                     |  |  |
| Insid<br>corp<br>ager | ders include your<br>orations of whic | relatives; a<br>h you are a<br>for a busir | any general partners<br>an officer, director, l<br>ness you operate as | s; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>r more of their voting | who was an insider?  you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>              | No                                    |  |  |   |   |  |  |
|                       | Yes. List all pay                     | ments to                                   | an insider.  |   |   |  |  |
|                       |                                       |  |  | Dates of payment                          | Total amount paid                           | Amount you still owe                           | Reason for this payment  |
|                       | Insider's Name                        |  |  |   |   |  |  |
|                       | Number Street                         |  |  |   |   |  |  |
| _                     | City                                  | State                                      | Zip Code   |   |   |  |  |
|                       | Insider's Name                        |  |  |   |   |  |  |
|                       | Number Street                         |  |  |   |   |  |  |
| _                     | City                                  | State                                      | Zip Code   |   |   |  |  |
| insid                 | der?                                  | -  | for bankruptcy, o  |   | y payments or tran                          | sfer any property o                            | n account of a debt that benefited an  |
|                       | No<br>Yes List all nav                | ments tha                                  | t benefited an ins   | ider                                      |   |  |  |
| ш                     | res. List all pay                     |  | e Deficilited arrive   | Dates of payment                          | Total amount paid                           | Amount you still owe                           | Reason for this payment  |
|                       |                                       |  |  | μωμποπι                                   | pa.a  |  | Include creditor's name  |
|                       | Insider's Name                        |  | _  |   |   |  |  |
|                       | Number Street                         |  |  |   |   |  |  |
|                       | City                                  | State                                      | Zip Code   |   |   |  |  |
|                       |                                       |  | _  |   |   |  |  |
|                       | Insider's Name                        |  |  |   |   |  |  |
|                       | Number Street                         |  |  |   |   |  |  |
|                       | City                                  | State                                      | Zip Code   |   |   |  |  |

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 46 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Personal Injury Cook County Circuit Court Pending Bell v. Cook County Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded N/A 60602 Chicago Illinois City State Zip Code Case title Eviction ✓ Pending Lake County Indiana Circuit Court Lakeshore Dunes v. Bell Court Name On appeal 2293 N Main St Case number NumberStreet Concluded N/A Crown Point Indiana 46307 City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 47 of 72

| Debt | tor 1 Wayne   |                          | Bell                          | Case number (if known)           |                          |                     |
|------|---|--------------------------|-------------------------------|----------------------------------|--------------------------|---------------------|
|      | First Name  | Middle Name              | Last Name                     |                                  |                          |                     |
| 11.  | Within 90 days before you accounts or refuse to make    |                          |                               | bank or financial institution, s | et off any amou          | unts from your      |
|      | <b>✓</b> No   |                          |                               |                                  |                          |                     |
|      | Yes. Fill in the details.                               |                          |                               |                                  |                          |                     |
|      | Too. This is the detaile.                               |                          |                               |                                  |                          |                     |
|      |   |                          | Describe the action th        | e creditor took                  | Date action              | Amount              |
|      |   |                          |                               |                                  | was taken                |                     |
|      |   |                          |                               |                                  |                          |                     |
|      | Creditor's Name   |                          | -                             |                                  |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
|      | Number Street   |                          | _                             |                                  |                          |                     |
|      | . 1020.   |                          |                               |                                  |                          |                     |
|      |   |                          | _ Last 4 digits of account    | number: XXXX-                    |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
|      | City Stat   | o Zin Codo               | _                             |                                  |                          |                     |
|      | City Stat   | e Zip Code               |                               |                                  |                          |                     |
| 12.  | Within 1 year before you fil appointed receiver, a cust |                          |                               | possession of an assignee for    | the benefit of           | creditors, a court- |
|      | No.   |                          |                               |                                  |                          |                     |
|      | No  |                          |                               |                                  |                          |                     |
|      | Yes   |                          |                               |                                  |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
| Part | 5: List Certain Gifts an                                | d Contributions          |                               |                                  |                          |                     |
| 13.  | Within 2 years before you  ✓ No                         | filed for bankruptcy, di | d you give any gifts with a t | total value of more than \$600   | per person?              |                     |
|      |   | C 10 10                  |                               |                                  |                          |                     |
|      | Yes. Fill in the details                                | tor each giπ.            |                               |                                  |                          |                     |
|      | Gifts with a total valu per person                      | e of more than \$600     | Describe the gifts            |                                  | Dates you gave the gifts | Value               |
|      |   |                          |                               |                                  |                          |                     |
|      | Person to Whom You G                                    | Payo the Gift            | -                             |                                  |                          |                     |
|      | reison to whom fou c                                    | dave the Gilt            |                               |                                  |                          |                     |
|      | -   |                          | -                             |                                  |                          |                     |
|      |   |                          | _                             |                                  |                          |                     |
|      | Number Street   |                          |                               |                                  |                          |                     |
|      |   |                          | _                             |                                  |                          |                     |
|      | City Stat   | e Zip Code               |                               |                                  |                          |                     |
|      | Person's relationship to                                | you                      |                               |                                  |                          |                     |
|      | ·   |                          |                               |                                  |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
|      |   |                          | _                             |                                  |                          |                     |
|      | Person to Whom You G                                    | ave the Gift             |                               |                                  |                          |                     |
|      |   |                          | _                             |                                  |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
|      | Number Street   |                          | =                             |                                  |                          |                     |
|      |   |                          |                               |                                  |                          |                     |
|      | City Stat   | e Zip Code               | -                             |                                  |                          |                     |
|      | -   |                          |                               |                                  |                          |                     |
|      | Person's relationship to                                | you                      |                               |                                  |                          |                     |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 48 of 72

| ebtor 1 | Wayne  |   | Bell  | Case number (if known)   |                                    |                        |
|---------|--|---|---|--------------------------|------------------------------------|------------------------|
|         |  | Middle Name   | Last Name   | _                        | •                                  |                        |
|         |  |   |   |                          |                                    |                        |
| l. Wit  | hin 2 years before you filed for b   | bankruptcy, did yo  | ou give any gifts or contribution   | s with a total value of  | more than \$600                    | to any charity?        |
|         | No   |   |   |                          |                                    |                        |
| ✓       | No   |   |   |                          |                                    |                        |
|         | Yes. Fill in the details for each g  | gift or contribution.   |   |                          |                                    |                        |
|         | Gifts or contributions to charit   | tioe  | Describe what you contribute  | ad .                     | Date you                           | Value                  |
|         | that total more than \$600   | lies  | Describe what you contribute  | <del>,</del> u           | contributed                        | Value                  |
|         | that total more than \$600   |   |   |                          | Contributed                        |                        |
|         |  |   |   |                          |                                    | -                      |
|         | Charity's Name   |   |   |                          |                                    |                        |
|         |  |   |   |                          |                                    |                        |
|         |  |   |   |                          |                                    |                        |
|         | Number Street  |   |   |                          |                                    |                        |
|         | Number Offeet  |   |   |                          |                                    |                        |
|         | City State   | Zip Code  |   |                          |                                    |                        |
|         | City State   | Zip Code  |   |                          |                                    |                        |
| rt 6:   | List Certain Losses  |   |   |                          |                                    |                        |
| ι ο:    | List Gertain Losses  |   |   |                          |                                    |                        |
|         | Yes. Fill in the details.  Describe the property you lost how the loss occurred  | : and   | Describe any insurance cove<br>Include the amount that insural<br>pending insurance claims on lir | nce has paid. List       | Date of your loss                  | Value of property lost |
|         |  |   | A/B: Property.  | io oo oi comedale        |                                    |                        |
|         |  |   | , ,   |                          |                                    |                        |
|         |  |   |   |                          |                                    | -                      |
|         |  |   |   |                          |                                    |                        |
| . Wit   | List Certain Payments or Tr<br>hin 1 year before you filed for ba<br>out seeking bankruptcy or prepa<br>ude any attorneys, bankruptcy peti   | ankruptcy, did you<br>iring a bankruptcy  | petition?   |                          |                                    | nyone you consulte     |
| . Wit   | hin 1 year before you filed for ba<br>out seeking bankruptcy or prepa  | ankruptcy, did you<br>iring a bankruptcy  | petition?   |                          |                                    | nyone you consulte     |
| . Wit   | hin 1 year before you filed for ba<br>out seeking bankruptcy or prepa<br>ude any attorneys, bankruptcy peti<br>No  | ankruptcy, did you<br>iring a bankruptcy  | petition?   | ces required in your ban |                                    | Amount of payment      |
| . Wit   | hin 1 year before you filed for ba<br>out seeking bankruptcy or prepa<br>ude any attorneys, bankruptcy peti<br>No<br>Yes. Fill in the details.   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for bact seeking bankruptcy or prepaude any attorneys, bankruptcy peti No Yes. Fill in the details.  Semrad Law Firm   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any                                 | ces required in your ban | kruptcy.  Date payment or transfer | Amount of              |
| . Wit   | hin 1 year before you filed for bact seeking bankruptcy or prepaude any attorneys, bankruptcy peti No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for bact seeking bankruptcy or prepaude any attorneys, bankruptcy peti No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | ankruptcy, did you<br>iring a bankruptcy  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c   | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois  | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c   | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c   | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitological No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c   | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois  | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c   | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitological No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitode any attorneys.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,                                     | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petion No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitors.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,  Person Who Was Paid   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitode any attorneys.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,                                     | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitors.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,  Person Who Was Paid   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitors.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,  Person Who Was Paid   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitode any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, Person Who Was Paid  Number Street | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c<br>60643<br>Zip Code  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepared any attorneys, bankruptcy petitors.  No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment,  Person Who Was Paid   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or con-<br>ition preparers, or con-<br>con-<br>ition preparers, or con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-<br>con-  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitological No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, Person Who Was Paid  Number Street  City State   | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c<br>60643<br>Zip Code  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| . Wit   | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitode any attorneys.  Semrad Law Firm Person Who Was Paid  11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, Person Who Was Paid  Number Street | ankruptcy, did you<br>aring a bankruptcy<br>ition preparers, or c<br>60643<br>Zip Code  | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |
| 6. Wit  | hin 1 year before you filed for backet seeking bankruptcy or prepaude any attorneys, bankruptcy petitological No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payment, Person Who Was Paid  Number Street  City State   | ankruptcy, did you aring a bankruptcy ition preparers, or control of the control | redit counseling agencies for servi  Description and value of any transferred                     | ces required in your ban | Date payment or transfer was made  | Amount of payment      |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 49 of 72

| Debto |      | Wayne  |                         | Bell (   | Case number (if known)     |  |          |                              |
|-------|------|--|-------------------------|--|----------------------------|--|----------|------------------------------|
|       |      | First Name   | Middle Name             | Last Name  |                            |  |          |                              |
| ŀ     | nelp | hin 1 year before you filed<br>by you deal with your creding<br>not include any payment or<br>No                 | itors or to make payme  |  | half pay or transfer       | any property to a                          | nyone v  | vho promised to              |
| i     | Ħ    | Yes. Fill in the details.  |                         |  |                            |  |          |                              |
| ı     |      |  |                         | Description and value of any pro<br>transferred                            | operty                     | Date<br>payment or<br>transfer was<br>made | Amou     | nt of payment                |
|       |      | Person Who Was Paid  |                         |  |                            | -  | -        |                              |
|       |      | Number Street  |                         |  |                            |  |          |                              |
|       |      | City State   | Zip Code                |  |                            |  |          |                              |
| I     | ncl  | ordinary course of your bude both outright transfers transfers that you have alre  No  Yes. Fill in the details. | and transfers made as s | ecurity (such as the granting of a securent.  Description and value of any | Describe any               | / property or                              |          | Date                         |
|       |      |  |                         | property transferred   | payments re<br>in exchange | ceived or debts p                          | aid      | transfer was<br>made         |
|       |      | Person Who Received Train  | nsfer                   |  |                            |  |          |                              |
|       |      | Number Street  |                         |  |                            |  |          |                              |
|       |      | City State<br>Person's relationship to yo  | Zip Code<br>ou          |  |                            |  |          |                              |
|       |      | Person Who Received Train  | nsfer                   |  |                            |  |          | -                            |
|       |      | Number Street  |                         |  |                            |  |          |                              |
|       |      | City State<br>Person's relationship to yo  | Zip Code<br>ou          |  |                            |  |          |                              |
| ŀ     | oen  | hin 10 years before you fil<br>eficiary?<br>ese are often called asset-pr<br>No<br>Yes. Fill in the details.     |                         | I you transfer any property to a self-                                     | settled trust or sim       | ilar device of whic                        | ch you a | are a                        |
| ı     |      | . SS. Fill II allo dottalo.  |                         | Description and value of the pr  | roperty transferred        |  |          | Date<br>transfer was<br>made |
|       |      | Name of trust  |                         |  |                            |  |          |                              |

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 50 of 72

Bell Debtor 1 Wayne Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 51 of 72

| Deb  |         | Wayne  |               | Bell           | Case                                    | e number (if known)                       |                |
|------|---------|--|---------------|----------------|---|---|----------------|
|      |         | First Name Middle Name   | L             | ast Name       |   |   |                |
| Part | 9:      | Identify Property You Hold or Control f  | or Someor     | ne Else        |   |   |                |
| 23.  | Do y    | you hold or control any property that someoneone.  |               |                | property you be                         | orrowed from, are storing for, or hold in | trust for      |
|      |         |  |               |                |   |   |                |
|      | ✓       | No   |               |                |   |   |                |
|      |         | Yes. Fill in the details.  |               |                |   |   |                |
|      |         |  | Where is t    | he property?   |   | Describe the contents                     | Value          |
|      |         |  |               |                |   |   |                |
|      |         | Owner's Name   | NumberSt      | reet           | _                                       |   |                |
|      |         | · · · · · · · · · · · · · · · · · · ·  |               |                |   |   |                |
|      |         | Number Street  |               |                |   |   |                |
|      |         |  | City          | State          | Zip Code                                |   |                |
|      |         |  | City          | State          | Zip Code                                |   |                |
|      |         | City State Zip Code  |               |                |   |   |                |
|      |         | la.  |               |                |   |   |                |
| Part | 10:     | Give Details About Environmental Info  | ormation      |                |   |   |                |
| For  | the p   | urpose of Part 10, the following definitions appl  | v:            |                |   |   |                |
|      |         |  |               |                |   |   |                |
|      |         | <i>nvironmental law</i> means any federal, state, or loc<br>azardous or toxic substances, wastes, or materia |               | •              | • |   |                |
|      |         | cluding statutes or regulations controlling the cl   |               |                |   |   |                |
|      |         |  |               |                |   |   |                |
|      |         | ite means any location, facility, or property as de<br>used to own, operate, or utilize it, including dis    |               | rry environmen | itai iaw, whether y                     | ou now own, operate, or utilize it        |                |
|      |         |  | •             |                |   |   |                |
|      |         | azardous material means anything an environme<br>xic substance, hazardous material, pollutant, co            |               |                | lous waste, hazar                       | dous substance,                           |                |
|      |         |  |               |                |   |   |                |
| Rep  | ort all | notices, releases, and proceedings that you know   | ow about, reg | ardless of whe | en they occurred.                       |   |                |
|      |         |  |               |                |   |   |                |
| 24.  | Has     | any governmental unit notified you that you  | ı may be liab | le or potentia | illy liable under                       | or in violation of an environmental law?  |                |
|      |         | No   |               |                |   |   |                |
|      | H       | Yes. Fill in the details.  |               |                |   |   |                |
|      | ш       | res. I iii iii die details.  | 0             | .1.1 .11       |   | F   | D.1            |
|      |         |  | Governme      | ntai unit      |   | Environmental law, if you know it         | Date of notice |
|      |         |  |               |                |   |   | 1101100        |
|      |         | Name of site   | Governme      | ntal unit      |   |   |                |
|      |         |  |               |                |   |   |                |
|      |         | Number Street  | NumberStr     | reet           |   |   |                |
|      |         |  | 0.1           | 01-1-          | 7'- 0- 1-                               |   |                |
|      |         |  | City          | State          | Zip Code                                |   |                |
|      |         | City State Zip Code  |               |                |   |   |                |
|      |         |  |               |                |   |   |                |
| 25.  | Hav     | e you notified any governmental unit of any  | release of ha | azardous mate  | erial?                                  |   |                |
|      |         | No   |               |                |   |   |                |
|      | 뇓       |  |               |                |   |   |                |
|      | Ш       | Yes. Fill in the details.  |               |                |   |   |                |
|      |         |  | Governme      | ntal unit      |   | Environmental law, if you know it         | Date of notice |
|      |         |  |               |                |   |   | notice         |
|      |         | Name of site   | Governme      | ntal unit      |   |   |                |
|      |         |  |               |                |   |   |                |
|      |         | Number Street  | NumberStr     | eet            |   |   |                |
|      |         |  |               |                |   |   |                |
|      |         |  | City          | State          | Zip Code                                |   |                |
|      |         | City State Zip Code  |               |                |   |   |                |
|      |         | •  |               |                |   |   |                |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 52 of 72

| Debt |          | Wayne               |                 |                                   |              | ell             | Cas                | se number <i>(i</i> | f known)       |                 |                                  |
|------|----------|---------------------|-----------------|-----------------------------------|--------------|-----------------|--------------------|---------------------|----------------|-----------------|----------------------------------|
|      |          | First Name          |                 | Middle Name                       | Lá           | ast Name        |                    |                     |                |                 |                                  |
| 26.  | Hav      | e you been a part   | y in any judio  | cial or administ                  | rative proce | eding under     | any environmer     | ntal law? In        | ıclude settler | ments and ord   | ers.                             |
|      | <b>✓</b> | No                  |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          | Yes. Fill in the de | tails.          |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   | Court or ac  | jency           |                    | Nature              | of the case    |                 | Status of the case               |
|      |          | Case title          |                 |                                   |              |                 |                    |                     |                |                 | Pending                          |
|      |          |                     |                 |                                   | Court Name   |                 |                    |                     |                |                 | On appeal                        |
|      |          | Case number         |                 |                                   | NumberStre   | eet             |                    |                     |                |                 | Concluded                        |
|      |          | _                   |                 |                                   | City         | State           | Zip Code           |                     |                |                 | _                                |
| Part | 11:      | Give Details Al     | bout Your E     | Business or C                     | onnection    | s to Any Bu     | siness             |                     |                |                 |                                  |
| 27.  | Witl     | nin 4 years before  | you filed for   | bankruptcy, di                    | d you own a  | business or     | have any of the    | following o         | onnections t   | o any busines   | s?                               |
|      |          | A sole propri       | ietor or self-e | employed in a tr                  | ade, profes  | sion, or othe   | activity, either f | full-time or i      | oart-time      |                 |                                  |
|      |          |                     |                 | bility company (l                 | -            |                 | -                  |                     |                |                 |                                  |
|      |          | A partner in        |                 |                                   | -, -         |                 | ,                  |                     |                |                 |                                  |
|      |          |                     | -               | -<br>anaging executi <sup>,</sup> | ve of a corn | oration         |                    |                     |                |                 |                                  |
|      |          |                     |                 | of the voting or $\epsilon$       | •            |                 | acration           |                     |                |                 |                                  |
|      |          | Arrowner or         | at least 570 t  | or the voiling or t               | equity secur | illes of a corp | Joradon            |                     |                |                 |                                  |
|      | <b>~</b> | No. None of the a   | above applie    | es. Go to Part 12                 | 2.           |                 |                    |                     |                |                 |                                  |
|      | П        | Yes. Check all the  | at apply abo    | ove and fill in the               | details belo | ow for each b   | ousiness.          |                     |                |                 |                                  |
|      |          |                     |                 |                                   |              |                 | re of the busine   | ess                 | Employer I     | dentification r | number Do not                    |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 | number or ITIN.                  |
|      |          | Dunings North       |                 |                                   | _            |                 |                    |                     | EIN:           |                 |                                  |
|      |          | Business Name       |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          | Number Street       |                 |                                   | No.          |                 |                    |                     | Dates busi     | ness existed    |                                  |
|      |          | City                | State           | Zip Code                          | — Nam        | e or account    | ant or bookkeep    | ber                 | From           | To              |                                  |
|      |          | ,                   |                 | p                                 |              |                 |                    |                     | 110111         | 10              |                                  |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   | Desc         | ribe the natu   | ire of the busine  | ess                 |                |                 | number Do not<br>number or ITIN. |
|      |          |                     |                 |                                   | _            |                 |                    |                     | EIN:           | •               |                                  |
|      |          | Business Name       |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          | Number Street       |                 |                                   | Name         | e of account    | ant or bookkeep    | per                 | Dates busi     | ness existed    |                                  |
|      |          | City                | State           | Zip Code                          | _            |                 |                    |                     | From           | То              |                                  |
|      |          | ,                   |                 | •                                 |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   | Desc         | ribe the natu   | ire of the busine  | ess                 |                |                 | number Do not<br>number or ITIN. |
|      |          | Business Name       |                 |                                   | _            |                 |                    |                     | EIN:           |                 |                                  |
|      |          | Dusiness Name       |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          | Number Street       |                 |                                   |              |                 |                    |                     | Dates busi     | ness existed    |                                  |
|      |          | City                | State           | Zip Code                          | Nam          | e of account    | ant or bookkeep    | per                 | F              | т.              |                                  |
|      |          | Oity                | Siale           | Zip Code                          |              |                 |                    |                     | From           | To              |                                  |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 |                                  |
|      |          |                     |                 |                                   |              |                 |                    |                     |                |                 |                                  |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 53 of 72

| Deb  | tor 1      | Wayne   |               |                      | Bell                         | Case number (if known)  |
|------|------------|---|---------------|----------------------|------------------------------|---|
|      |            | First Name  |               | Middle Name          | Last Name                    |   |
| 28.  |            | hin 2 years before<br>ditors, or other pa<br>No<br>Yes. Fill in the det | rties.        | bankruptcy, did you  | give a financial statemen    | t to anyone about your business? Include all financial institutions,  |
|      |            |   |               |                      | Date issued                  |   |
|      |            |   |               |                      |                              |   |
|      |            | Name  |               |                      | MM/DD/YYYY                   |   |
|      |            | Number Street   |               |                      |                              |   |
|      |            | Number Officer  |               |                      |                              |   |
|      |            | City  | State         | Zip Code             |                              |   |
| Part |            | Sign Below  |               |                      |                              |   |
| t    | true a     | and correct. I unde   | erstand that  | making a false state | ment, concealing propert     | nts, and I declare under penalty of perjury that the answers are cy, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |            | /S/   | Wayne Bell    |                      |                              |   |
|      |            | Signat  | ure of Debtor | 1                    |                              | Signature of Debtor 2   |
|      |            | Date  | 2/1/2017      |                      |                              | Date 2/1/2017   |
| ı    | Did yo     | ou attach addition  | nal pages to  | our Statement of F   | nancial Affairs for Individ  | uals Filing for Bankruptcy (Official Form 107)?   |
| [    | ▝          | do<br>′es   |               |                      |                              |   |
| ı    | Did yo     | ou pay or agree to  | pay someon    | e who is not an atto | rney to help you fill out ba | ankruptcy forms?  |
| ı    | <b>7</b> N | lo  |               |                      |                              |   |
| ij   |            | es. Name of persor  | n             |                      |                              | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 54 of 72

B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| In re | Wayne Bell   |                         | Case No.                            |                             |
|-------|--|-------------------------|-------------------------------------|-----------------------------|
|       | Debtor   |                         |                                     | (If known)                  |
|       |  |                         | Chapter                             | Chapter 13                  |
|       | DISCLOSURE OF COM  | IPENSATION              | N OF ATTORNEY FO                    | OR DEBTOR                   |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bank<br>compensation paid to me within one year bef<br>rendered or to be rendered on behalf of the d | ore the filing of the p | etition in bankruptcy, or agreed to | be paid to me, for services |
|       | For legal services, I have agreed to accept  |                         |                                     | \$4,000.0                   |
|       | Prior to the filing of this statement I have reco  | eived                   |                                     | \$500.0                     |
|       | Balance Due  |                         |                                     | \$3,500.0                   |
| 2.    | The source of the compensation paid to me v  | vas:                    |                                     |                             |
|       | <b>✓</b> Debtor  | Other (specify)         |                                     |                             |
| 3.    | The source of the compensation paid to me is   | s:                      |                                     |                             |
|       | <b>✓</b> Debtor  | Other (specify)         |                                     |                             |
| 4.    | I have not agreed to share the above-disc<br>members and associates of my law firm.  | closed compensation     | with any other person unless they   | v are                       |
|       | I have agreed to share the above-disclosmembers or associates of my law firm. A the people sharing in the compensation,                      | copy of the agreemer    |                                     |                             |
| 5.    | In return for the above-disclosed fee, I have a a. Analysis of the debtor's financial situation bankruptcy;                                  |                         |                                     |                             |
|       | b. Preparation and filing of any petition,   | schedules, statemen     | ts of affairs and plan which may be | e required;                 |
|       | c. Representation of the debtor at the m   | eeting of creditors an  | nd confirmation hearing, and any a  | djourned hearings thereof;  |
|       | d. Representation of the debtor in adver   | sary proceedings and    | d other contested bankruptcy matte  | ers;                        |
| 6.    | By agreement with the debtor(s), the above-d   | lisclosed fee does not  | t include the following services:   |                             |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 55 of 72

B 203 (12/94)

|   | CERTIFICATION  |
|---|--|
| I certify that the foregoing is a comp<br>debtor(s) in this bankruptcy proceeding | elete statement of any agreement or arrangement for payment to me for representation of the s. |
| 2/1/2017  | /s/ Ayah Abdelhadi   |
| Date  | Signature of Attorney  |
|   | Semrad Law Firm  |
|   | Name of law firm   |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 57 of 72

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 58 of 72

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$77.00 for expenses, leaving a balance due of \$3,887.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 2/1/2017             |                        |
|-----------|----------------------|------------------------|
| Signed:   |                      |                        |
| /s/ Wayn  | e Bell Whe O Bell he | /s/ Ayah Abdelhadi     |
| Debtor(s) |                      | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   |          | filing fee<br>administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> |                                  |
|   | \$275    | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 65 of 72

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Bell, Wayne  Debtor(s)                     | Case No   |                                      |
|-----------------|--|---|--------------------------------------|
|                 | · ·  | Chapter.  | Chapter13                            |
|                 | VERIFIC                                    | ATION OF CREDITOR MAT                             | TRIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify<br>e. | that the attached list of creditors is to         | rue and correct to the best of their |
| Date:           | 2/1/2017                                   | /s/ Bell, Wayne<br>Bell, Wayne<br>Signature of De | btor                                 |

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 66 of 72

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

REGION RECOV 5252 HOHMAN HAMMOND, IN, 46325

MONTEREY FIN 4095 AVENIDA DE LA OCEANSIDE, CA, 92056

FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD, 57107

I C SYSTEM Po Box 64378 Saint Paul, MN, 55164

MIDSTATE COLLECTION SO 2009B Round Barn Rd Champaign, IL, 61821

CERTIFED SVC 1733 WASHINGTON ST 201 WAUKEGAN, IL, 60079

Illinois Title Loan 8700 S Ashland Ave Chicago, IL, 60620

MONTEREY COLLECTION SV 4095 AVENIDA DE LA PLATA OCEANSIDE, CA, 92056

AFNI PO Box 3517 Bloomington, IL, 61702

CACH LLC 4340 S MONACO SECOND FLOOR DENVER, CO, 80237

### Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 67 of 72

CELTIC BANK/CONTFINCO 2769 WEST AJ HIGHWAY MORRISTOWN, TN, 37814

Certified Services PO Box 177 Waukegan, IL, 60079

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON, WA, 98057

CREDENCE RESOURCE MANA 17000 DALLAS PKWY STE 20 DALLAS, TX, 75248

Credit Management 4200 INTERNATIONAL CARROLLTON, TX, 75007

First American Cash Advance 9263 W. Cermak Rd. Riverside, IL, 60546

MIDLAND FUNDING 2365 Northside Drive San Diego, CA, 92108

TRANSWORLD SYS INC/09 507 PRUDENTIAL RD HORSHAM, PA, 19044

Village of Lansing 3141 Ridge Road Lansing, IL, 60438

Anesthesia Associates LTD Po Box 686 Dekalb, IL, 60115

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 68 of 72

| Debtor 1 Wayne<br>First Name  | Middle Name  | Bell<br>Last Name   |  | number (if known)  |  |
|---|--|---|--|--|--|
|   | estions for Reportin   |   |  |  |  |
| 16. What kind of debts do you have?   | 16a. Are your debt  "incurred by a  □ No. Go to  ☑ Yes. Go to  16b. Are your debt  money for a bu  □ No. Go to  □ Yes. Go to | rs primarily consunt individual primariline 16b. Iline 17. Is primarily busine usiness or investmant 16c. Iline 17. | ily for a personal, fami   | ily, or household p<br>debts are debts that<br>eration of the busi | at you incurred to obtain<br>ness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing un expenses ar  |   |  |  | is excluded and administrative<br>ditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | [   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   |  | 000   | \$1,000,001-\$10 m<br>\$10,000,001-\$50 r<br>\$50,000,001-\$100<br>\$100,000,001-\$50  | million 🔲  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?  |  | 000   | \$1,000,001-\$10 mi<br>\$10,000,001-\$50 r<br>\$50,000,001-\$100<br>\$100,000,001-\$50 | million 🔲  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Part 7: Sign Below  |  |   |  |  |  |
|   | correct. If I have chosen to fill of title 11, United St. under Chapter 7.   | e under Chapter 7<br>ates Code. I under   | , I am aware that I may<br>stand the relief availab                                    | proceed, if eligible<br>le under each cha                          | e, under Chapter 7, 11,12, or 13 pter, and I choose to proceed   |
|   |  |   | ot pay or agree to pay<br>I read the notice requir                                     |  | not an attorney to help me fill<br>342(b).   |
|   |  |   | •  | •  | pecified in this petition.   |
|   |  | nkruptcy case can   | result in fines up to \$   | 250,000, or impris   | y or property by fraud in<br>sonment for up to 20 years, or  |
|   | Signature of Debto   | or 1  | 1  | Signature of Debtor  | 2  |
|   | Executed on _  | 2/1/2017 MM / DD / YYYY   |  | Executed on  | MM / DD / YYYY   |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 69 of 72

| ŀ                                       | rmation to identify your c | case:                    |                                    |  |
|---|----------------------------|--------------------------|------------------------------------|--|
| Debtor 1                                | Wayne                      |                          | Bell                               |  |
|   | First Name                 | Middle Name              | Last Name                          |  |
| Debtor 2<br>(Spouse, if filing)         | First Name                 | Middle Name              | Last Name                          |  |
| United States                           | Bankruptcy Court for the:  | Northern                 | District of Illinois               |  |
| Case number                             |                            |                          | (State)                            |  |
| Official                                | Form 1.06De                | eC                       | ,                                  | Check if this is a amended filing                      |
| Declarat                                | ion About an               | <br>Individual Deb       | tor's Schedules                    | 12/1   |
|   | 1341, 1519, and 3571.      | ion with a bankruptcy ca | se can result in fines up to \$250 | 0,000, or imprisonment for up to 20 years, or both. 18 |
| U.S.C. §§ 152,                          | 1341, 1519, and 3571.      |                          | se can result in fines up to \$250 |  |
| U.S.C. §§ 152,                          | 1341, 1519, and 3571.      |                          |                                    |  |
| U.S.C. §§ 152,  Part 1: Sign  Did you p | 1341, 1519, and 3571.      |                          | ney to help you fill out bankrupt  | cy forms?<br>n Preparer's Notice, Declaration, and     |

MM/DD/YYYY

Date **2/1/2017** MM/DD/YYYY

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 70 of 72

| Debtor 1             |   |                     |                    | Bell                                    | Case number (if known)   |
|----------------------|---|---------------------|--------------------|---|--|
| erro - o montestanta | First Name                                  | Middle Nan          | ie L               | ast Name                                |  |
|                      | thin 2 years before yeditors, or other part |                     | cy, did you give a | ı financial state                       | ment to anyone about your business? Include all financial institutions,  |
| <u>~</u>             | No<br>Yes. Fill in the detai                | ils below.          |                    |   |  |
|                      |   |                     | Da                 | te issued                               |  |
|                      | Name  |                     | MM                 | I/DD/YYYY                               |  |
|                      | Name  |                     |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|                      | Number Street                               |                     | <del></del>        |   |  |
|                      | City  | State Zip 0         | `odo               |   |  |
|                      | Oity  | State Zip C         | bue                |   |  |
| Part 12:             | Sign Below                                  |                     |                    |   |  |
|                      | nkruptcy case can re                        |                     |                    |   | perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 |
|                      | . Oignature                                 | e of Debtor 1       | 1 1                |   | Signature of Deptor 2  |
|                      | Date 2/                                     | 1/2017              | <i>V</i>           |   | Date 2/1/2017  |
| Did y                | ou attach additional                        | pages to Your State | ement of Financia  | al Affairs for Ind                      | ividuals Filing for Bankruptcy (Official Form 107)?  |
|                      | No  |                     |                    |   |  |
|                      | Yes   |                     |                    |   |  |
| Did y                | ou pay or agree to p                        | ay someone who is r | not an attorney to | help you fill ou                        | t bankruptcy forms?  |
|                      | No  |                     |                    |   |  |
|                      | Yes. Name of person                         |                     |                    |   | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

# Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 71 of 72

| Debt   | or 1 Wayne<br>First Name  | Middle Name  | Bell<br>Last Name                                | Case number (if known)  |             |  |
|--------|---|--|--|---|-------------|--|
| 16.    | Calculate the median family income that applies to you. Follow these steps:   |  |  |   |             |  |
|        | 16a. Fill in the state in w   | hich you live.   | Illinois   |   |             |  |
|        | 16b. Fill in the number of  | of people in your household.   | 2  |   |             |  |
|        |   | amily income for your state and s  | ize of   |   | \$65,659.00 |  |
|        | household<br>using the link speci   | ified in the separate instructions f   | To find<br>or this form. This list ma            | a list of applicable median income amounts, go online by also be available at the bankruptcy clerk's office.      |             |  |
| 17.    | How do the lines comp   |  | or this form. This list me                       | y also be available at the ballitupity clerk's office.  |             |  |
|        | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). |  |  |   |             |  |
|        | U.S.C. § 1325   | ore than line 16c. On the top of p<br>(b)(3). <b>Go to Part 3 and fill out</b><br>ar current monthly income from I | Calculation of Disposa                           | k box 2, <i>Disposable income is determined under 11</i> ble Income (Official Form 122C-2). On line 39 of that  . |             |  |
| Part   | 3: Calculate Your C   | ommitment Period Under   | 11 U.S.C. §1325(b)                               | (4)   |             |  |
| 18.    |   | e monthly income from line 11  |  |   | \$210.00    |  |
| 19.    | Deduct the marital adj<br>commitment period under   | <b>ustment if it applies.</b> If you are<br>er 11 U.S.C. § 1325(b)(4) allows                                       | married, your spouse is you to deduct part of yo | not filing with you, and you contend that calculating the<br>our spouse's income, copy the amount from line 13.   |             |  |
|        | 19a. If the marital adjustr   | ment does not apply, fill in 0 on I  | ine 19a.   |   | -\$0.00     |  |
|        | 19b. Subtract line 19a  | from line 18.  |  |   | \$210.00    |  |
| 20.    | Calculate your current  | monthly income for the year.   | Follow these steps:                              |   | <u> </u>    |  |
|        | 20a. Copy line 19b.   |  |  |   | \$210.00    |  |
|        | Multiply by 12 (the   | number of months in a year).   |  |   | x 12        |  |
|        | 20b. The result is your cu  | urrent monthly income for the yea  | ar for this part of the for                      | n.  | \$2,520.00  |  |
|        | 20c. Copy the median fa   | mily income for your state and si  | ze of household from lir                         | e 16c.  | \$65,659.00 |  |
| 21.    | How do the lines compa  | are?   |  |   |             |  |
|        |   | line 20c. Unless otherwise order is 3 years. Go to Part 4.   | red by the court, on the                         | op of page 1 of this form, check box 3, The   |             |  |
|        | Line 20b is more that 4, <i>The commitment</i>  | n or equal to line 20c. Unless oth period is 5 years. Go to Part 4.  | nerwise ordered by the c                         | ourt, on the top of page 1 of this form, check box  | 9           |  |
| Part 4 | : Sign Below  |  |  |   | 2           |  |
|        | By signing here, I dea  | clare under penalty of perjury that  | t the information on this                        | statement and in any attachments is true and correct.   |             |  |
|        | /s/ Wayne Bel   | 1000 D 21 11   | all b. x   | gnature of Debtor 2   | , 1<br>4    |  |
|        | Date 2/1/2017<br>MM/DD/Y  | <del>√</del>   | Da   | MM/DD/YYYY  |             |  |
|        |   | do NOT fill out or file Form 122C<br>ill out Form 122C-2 and file it wi  |  | of that form, copy your current monthly income from line  | •14         |  |

Case 17-02929 Doc 1 Filed 02/01/17 Entered 02/01/17 12:40:51 Desc Main Document Page 72 of 72

#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Bell, Wayne  Debtor(s)          | Case No.   |                                    |
|-----------------|---------------------------------|--|------------------------------------|
|                 |                                 | Chapter.   | Chapter13                          |
|                 | VERI                            | FICATION OF CREDITOR MATE                            | RIX                                |
| Th<br>knowledge | ne above named Debtors hereby v | erify that the attached list of creditors is true    | e and correct to the best of their |
| Date:           | 2/1/2017                        | /s/ Bell, Wayne<br>Bell, Wayne<br>Signature of Debto | 3kgn QBell.                        |